DOCUMENT RESUME

ED 096 008 PS 007 473

TITLE	The Young Child: Approaches to Action in Developing Countries.
INSTITUTION	United Nations Children's Fund, New York, N.Y.
PUB DATE	27 Mar 74
NOTE	68p.; A Draft Report and Recommendations by the Executive Director
EDRS PRICE	MF-$0.75 HC-$3.15 PLUS POSTAGE
DESCRIPTORS	Administrator Education; Child Care Workers; Community Involvement; *Developing Nations; *Early Childhood Education; Educational Improvement; Environmental Influences; Family Environment; Guidelines; *Health Services; Inservice Education; *Personnel Policy; Policy Formation; Program Development; *Social Services; Training Objectives
IDENTIFIERS	United Nations Economic and Social Council

ABSTRACT

This report discusses the training of personnel who influence the health, education and social integration of children (from birth until school entry age) who live in developing areas or who belong to underprivileged groups in wealthy countries. The report is based on experiments already carried out in various parts of the world and on data collected and discussions held during more than 20 years of educational work by the International Children's Centre team. Chapters include discussions of young children's physical development, community involvement, the training of health personnel, administrators and planners, continuous and inservice training, as well as descriptions of programs and materials. The report emphasizes the connection between the child's physical health, his psychological development and his family and social integration and stresses the need for providing a common base of knowledge for early childhood personnel. (Author/CS)

ED 096008

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UNITED NATIONS

ECONOMIC AND SOCIAL COUNCIL

Distr.
LIMITED

E/ICEF/L.1303/Add.1
12 March 1974
ENGLISH
ORIGINAL: FRENCH

UNITED NATIONS CHILDREN'S FUND
Executive Board
1974 session

THE YOUNG CHILD: APPROACHES TO ACTION IN DEVELOPING COUNTRIES

Draft report and recommendations by the Executive Director

Addendum

TRAINING OF PERSONNEL FOR SERVICES FOR YOUNG CHILDREN (FROM BIRTH TO SCHOOL AGE)

Report prepared by the International Children's Centre at the request of the United Nations Children's Fund

PS 007473

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INTRODUCTION

The purpose of this report is to review in a critical and constructive manner the training of personnel who may influence the health, education and social integration of the child from birth until school entry age. The emphasis will be on those aspects of the question relating specifically to children who live in developing areas or who belong to underprivileged groups in wealthy countries. The report will be based on experiments already carried out in various parts of the world and on the data collected and discussions held in the course of over 20 years of educational work by the International Children's Centre team. It will attempt to reach practical conclusions which could be applied in the context of the national policies assisted by UNICEF.

The period of life with which this report deals is from birth until school entry age. While the lower limit is clearly defined, the upper limit is much less so. Health and demographic statistics set the end of the pre-school period at the time when a child has completed 4 years (5 years of age). In most countries, however, elementary school begins at the age of 6, sometimes at 7 (or 5). As far as the problem dealt with here is concerned, this "institutional" limit involves more than a demographic limit since the educational and social personnel dealing with children generally change at the time the child enters elementary school.

The first part of this study will review briefly the main characteristics of the child during the first 6 years of life and the principal needs which the various categories of personnel must meet.

Next will come a chapter setting out observations applicable to all personnel for services for young children.

The report will then study less traditional and less formal types of training, aimed at the public, families, parents, future parents (even schoolchildren), and administrators.

The following chapters will deal with some matters relating specifically to health personnel, educational and social personnel, and administrators and planners.

At the end of the report, consideration will be given to problems of continuing and in-service training as well as to matters connected with training centres, teachers and teaching materials.

In view of the great vulnerability of the young child and the profound connexion between his physical health, his psychological development and his family and social integration, the main theme of this report will be the need to provide a common basis of knowledge, attitudes and motivation for all personnel who will have direct or indirect, total or partial, responsibility for babies, infants and young children up to school entry age.

This report does not claim to be a study; it must be regarded as a pedagogical reflection on certain problems related to the training of personnel for services for young children.

Chapter I

MAIN CHARACTERISTICS OF THE YOUNG CHILD DURING THE FIRST YEARS OF LIFE

So many publications have been devoted to the characteristics of the young child that there is no need to describe them in detail here. The Executive Board of UNICEF considered the problem in 1965. It was reviewed from various angles at regional meetings devoted to the place of children and youth in development plans and at the Lomé Conference. 1/ Before defining the objectives and methods of training personnel for services for that age group in the developing countries, it is important to go over a few points which have a direct implication for that training.

1/ Reports of the Executive Board of UNICEF 1965, including "growth and development of the young child from one to six years" (E/ICEF/521, 21 May 1965).

Conferences on children and youth in national planning: Bellagio, Italy, 1-7 April, 1964; Paris, 19-21 May 1965; Santiago, Chile, 28 November-11 December 1965; Bangkok, Thailand, 8-15 March 1966.

Lomé Conference on children, youth, women and development planning, Lomé, Togo, May 1972.

Assignment Children, UNICEF, 1971, Nos. 15 and 16, 1973, No. 21.

L'enfant en milieu tropical, in particular 1973, No. 86.

Children and adolescents in the second development decade. Priorities for planning and action, 1973, E/ICEF/627.

R. Mande, N. P. Masse and M. Manciaux, Pédiatrie sociale, Flammarion, Paris, 1972.

1. Demographic importance of early childhood

The group demographically defined by the first five years of life represents the following percentage in some countries. 1/

Table 1

Country	Population 0-4 years	Total population	% Population 0-4 years/ total population
Niger 1967	783,000	3,440,000	22.75
Tanzania 1967	2,560,430	11,951,933	21.42
Zambia 1969	898,224	4,056,995	22.14
Canada 1971	2,239,800	21,681,000	10.33
Colombia 1964	3,680,843	17,484,508	21.05
Mexico 1970	9,888,499	48,381,547	20.43
United States 1970	17,154,337	203,211,926	8.44
Afghanistan 1971	2,851,000	14,608,000	19.51
France 1968	4,323,496	44,654,556	8.70
United Kingdom 1966	4,769,760	47,135,510	10.1
Sweden 1970	703,368	8,076,903	8.70

1/ United Nations, Demographic Yearbook, 1973.

Thus, while in the most industrialized and wealthiest countries of Europe and North America, 1 person in 12 is under 5 years of age, in the regions where UNICEF concentrates its activities the figure is 1 person in 4 or 5.

Admittedly, because of the high mortality rate during the first two or three years, the population pyramid for this age group narrows very quickly. It is nevertheless true that if a young child required no more care or education than an adult, at least one quarter of the personnel's time, and therefore at least one quarter of the training time of the personnel, should be devoted to the young child. Since it is not possible to ensure that there are personnel specialized in this age group everywhere, it is logical to require that all the health, social and teaching professions devote at least one quarter of their training to problems relating specifically to this age group.

2. Sensitiveness to the environment

2.1. Up to a certain point, the chances of survival, the physical health and the psychological development of the young child can be enhanced by improving the living conditions of the population without any direct action aimed at the young child:

Environmental sanitation measures, the provision of clean drinking water and waste disposal have a direct impact on digestive infections and parasitic infestations among young children;

The improvement of agricultural production and food distribution places on the market products which are likely to meet the nutritional needs of the young child;

The improvement of conditions of urbanization and housing reduces the risks of respiratory infection and accidents, promotes harmonious and stimulating life and family and social relationships, and provides the young child who is discovering the world with opportunities for games and experimentation;

The creation of jobs and the improvement of economic conditions enable families to raise their level of living and to create around the child an environment favourable to his development;

Lastly, general education is one of the most important elements in this advancement. The various indices of child health and development have in fact, in all cases, a statistical correlation with the level of education of the parents.

These are the reasons why it is considered that the health of the young child is one of the best indicators of the health and development of the population.

2.2. But this is achieved only if these general measures taken with regard to the environment also take into account the specific needs of the young child. Care should be taken to ensure that clean water is not polluted before serving as a basis for the preparation of meals, that quality foods are produced and given to the

young child (not exported or reserved for adults), that the urban environment provides opportunities for play and experimentation without increasing the risk of accidents, that education prepares parents to take an active part in bringing up their children, and that new working conditions do not create disruptions or conditions of insecurity.

2.3. This implies that all professions which are involved in improving the environment should have a minimum knowledge of the characteristics and needs of the young child. This includes environmental sanitation specialists, architects, town planners, agronomists, economists and administrators, and of course those involved in adult education. It would be useful to encourage meetings at the national and regional level between specialists in childhood and those responsible for the environment in order to introduce concepts relating to the child into pre-service and in-service training programmes.

3. Need for a global approach 1/

3.1. The younger the child, the less possible it is to dissociate the biological and psychological factors which govern his health.

Scrimshaw 2/ has clearly defined the vicious circle which links malnutrition and infection. But these two factors cannot be separated from their effects on the behaviour of the child and his psycho-motor advances. It is accepted that, apart from their probable direct effect on cerebral structures, malnutrition and infection indirectly cause retardation in development.

Since Spitz and Bowlby, it is accepted that serious emotional deficiencies may seriously affect appetite, susceptibility to infections, and growth both in weight and in height.

3.2. These two examples show us that specialists in the welfare of the young child, whatever their special field, must have a knowledge of the whole range of characteristics of this age group.

Health personnel must have a knowledge of the role of life environments and the resources available to society to improve them; they must also have a knowledge of the elements of the education of the young child, the importance of language, play, experimentation.

1/ This global approach was the one taken by the seminar organized at Madras in 1970 by the International Children's Centre and the Indian Council for Child Welfare, with the help of the Indian Government and UNICEF, published in the report of the seminar on the pre-school child, Indian Council for Child Welfare, New Delhi, 1973.

2/ N. J. Scrimshaw, C. E. Taylor and S. E. Gordon, Interaction of Nutrition and Infection, WHO Monograph Series, No. 57, Geneva, 1971.

Social and educational personnel cannot ignore concepts relating to the development, health and nutrition of the child.

4. Weakness of the young child 1/

This weakness is linked to the rapid rate of development of the child during the first years of his life. Suffice it to mention that between birth and 6 years of age the corporal mass of the child increases sixfold and his height more than doubles. his neurological maturation is completed, he acquires all the mechanisms of life relationships, and, according to Bloom, 2/ by the age of 4 he has achieved half his intellectual advances.

4.1. This weakness is reflected first of all in the mortality characteristics during the first years of life, as has been very clearly illustrated by the Latin-American survey on child mortality. 3/ It will be seen from table 2 that:

One person in two dies before reaching 5 years of age in some developing regions;

Infant mortality from birth to 1 year of age is 10 to 20 times higher in the disadvantaged regions than in the most advanced countries of Europe and America;

The gap between rich and poor is even greater for the mortality rate between the ages of 1 and 4 years, which is 30 to 50 times higher.

4.2. The basic fact is that most of the deaths at this young age are attributable to causes related to nutrition, infection or accidents, and are therefore avoidable through the application of simple preventive, educational or first-aid measures which are within the reach of the auxiliary worker, the village leader or the health centre nurse.

4.3. Vulnerability to nutritional deficiencies and imbalances is considerable. Suffice it to mention that the nutritional needs per kilo of body weight increase the smaller the child (table 3), that the latter cannot store food and must therefore be provided, every day and several times a day, with the water, quality proteins and trace nutrients (iron and vitamins), which he needs. Breast milk 4/

1/ Human development and public health, World Health Organization, Technical Report Series, No. 485, 1972.

2/ B. S. Bloom, Stability and change in human characteristics, New York, Wiley, 1964.

3/ R. R. Puffer and C. V. Serrano, Caracteristicas de la mortalidad en la niñez, PAHO/WHO, Washington, 1973.

4/ International Children's Centre and Ministry of Public Health and Population of the Ivory Coast. Symposium on breast feeding, Abidjan, November 1972, ICC, Paris, 1973.

is the ideal food; it is sufficient during the first four or five months and, after that period, can still provide protein of excellent quality. But, after five months of age, it is essential to supplement it and very soon the child should eat with the family ... provided that it is not forgotten to give him the choicest pieces of food, which he needs more than the bigger children or adults.

Mortality rates of young children in selected countries, 1968

(Extracted from WHO Technical Report Series, No. 485, 1972)

Table 2

	Infant mortality (0-1 year) per 1,000 live births	Mortality from 1 to 4 years (per 1,000)
Sweden	13.0	0.5
Netherlands	13.6	0.9
Japan	15.3	1.1
Egypt	131.3	35.0
Ecuador	86.1	16.0
Mexico	64.2	10.6

Nutritional needs according to age

(Extracted from WHO/FAO. Energy and Protein Requirements, WHO Technical Report Series, No. 522, 1973)

Table 3

Calorie requirements

120	calories per kilo of body weight per day from 0 to 3 months
110	" " " " " " " " " 4 to 8 months
100	" " " " " " " " " 9 to 12 months
101	" " " " " " " " " 1 to 3 years
91	" " " " " " " " " 4 to 6 years
46	" " " " " " " " " reference adult man
40	" " " " " " " " " reference adult woman

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Table 3 (continued)

Protein requirements*

First 6 months of life:	2.5 g. to 3 g. of protein per kg.
After 6 months and during early childhood:	2 g. of protein per kg.
Adult:	1 g. of protein per kg.

* The figures given relate to food which includes a correct proportion of animal protein.

In the case of protein with a low biological value, the figures must be multiplied by a certain factor.

4.4 This vulnerability is reflected in the very great incidence of diseases of all kinds. This is evident in countries where the system of recording data is well organized and where files on children are regularly kept, that is to say in the very well equipped countries. 1/ Even in those countries, children under 6 years of age suffer several digestive and respiratory infections each year, not to mention contagious diseases. The treatment of young children occupies a large part of the working time of a general practitioner in Great Britain or in France.

In the developing countries, the situation is different. Young children, who are more numerous, are much more frequently and more seriously ill. All partial surveys confirm the serious and recurrent nature of diarrhoea, respiratory infections, parasitoses, accidents and poisoning and above all the aggravating role of malnutrition. But families are not always informed of this state of affairs if the child demands nothing, and doctors' offices are often so full of sick adults that either there is no room for the young child there or he is taken there too late in dramatic circumstances.

4.5 The young child is just as vulnerable to the living conditions of the family and social group to which he belongs. A physical and emotional relationship between mother and child, an element of love and of security, a starting point for experimentation, successes and failures, is for the young child as fundamental a need as clean water, proteins and vitamin D. The disruption or lack of a warm stable environment can lead to intellectual and emotional regressions and even to somatic diseases. Life in children's institutions can be dangerous if the institutions, even though perfect from the health point of view, are psychologically sterile, a fortiori if the institutions (crèches, day nurseries or kindergartens) are completely without medical or nutritional supervision.

1/ WHO/EURO, European symposium on the health of the young child, Copenhagen, 1969, Euro 1962.

4.6. Personnel responsible for health, nutritional and social services affecting all age groups must be particularly attentive to the immediate needs of the young child which are not always expressed. They must learn to seek them out systematically, to foresee and deal with them, and to teach parents and the public to recognize them. To meet this immediate need, the training of all personnel should cover:

Food and nutrition

Communicable diseases and environmental hygiene

Vaccinations

First aid

Emotional and intellectual aspects of development

Adult-child relationships.

5. Effects of family size and birth spacing

5.1. A great deal of research carried out in various regions confirms the existence of a statistical link between the different parameters of health (disease, morbidity, physical growth), the psycho-motor development of the young child and the number of children in the family. This association is linked to the fact that at an equal income (or equal social) level the child in a large family has less high quality food, less space and less attention. 1/

5.2. Studies of the effects of birth spacing show that the risk of death during the first two years of life increases when the interval between two pregnancies is less than two years. This risk exists for both the previous child and the next child. It should also be pointed out that the request for family planning is often expressed by parents during their contacts with the health personnel looking after the infant. It is the tendency in most countries which have chosen to carry out a family planning programme, a tendency approved and encouraged by the technical organizations of the United Nations, to integrate these activities into maternal and child welfare activities.

5.3. The personnel for services for the young child must therefore be aware of the problems connected with family planning. 2/ In countries which have chosen to carry out such a programme, the personnel must be technically trained to collaborate in it, from the point of view of both knowledge and attitude. This is a very important recent development which in some countries involves a reorganization of the work of the services concerned.

1/ Relationship between family size and maternal and child health, Working Paper No. 5, IPPF.

Health advantages of family planning, WHO document MCH/71.7.

2/ Education and training for family planning in health services, WHO, Technical Report Series, No. 508, 1972.

The role of MCH services in family planning, EURO 9602, Copenhagen, 1973.

6. Family environment or children's institutions

6.1. It can be said, without fear of error, that the ideal life environment of the very young child is his family and that any social work should first be aimed at the family.

This is true for the majority of infants who remain at home. Any work relating to health or social welfare and any educational activity must be aimed at the mother, the family, and the personnel must have a knowledge of the methods which will enable them to reach homes and influence them.

6.2. But the difficulty of the task lies in the fact that very many young children are not with their mothers the whole time:

The mother works more and more and entrusts her children to other families or collective institutions;

Then, from the age of three to four years, even if she does not work (and, of course, if the parents do work) there comes the pre-school educational institution.

Lastly, some children, for various reasons, cannot live in a normal family environment. The number of such children is considerable. The reasons for this state of affairs are variable: serious sickness or disabilities necessitating long and complicated treatment, very unfavourable family situations, geographical or political catastrophes, abandonment. It is important to establish structures in which children can be placed for an extended period of time or permanently, and which should provide an atmosphere as close as possible to that of the family and as unalienating as possible.

6.3. Thus, in all regions of the world, there is an evident need to train educational and social personnel to look after, care for, bring up and educate the child, either in family-type structures (foster homes, adoption) or in collective structures (crèches, day nurseries, kindergartens, nursery schools, children's homes).

7. The events occurring in early childhood have long-term effects 1/

7.1. The weakness of the young child, the risks of death, the prevalence of diseases, accidents, malnutrition, the immediate seriousness of inadequate care or emotional deficiencies are such that even personnel specializing in children (and, a fortiori, those not specializing in children), have many urgent tasks and often forget what the far-reaching consequences might be of the events occurring in the first years of life. It is increasingly evident that the prevention and detection of developmental abnormalities must start as early as possible, and that every effort must be made to ensure that the stages of that development are achieved

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1/ Wall, W. D., Constructive education. Education and mental health in the first decade, Harrap, UNESCO, IBE, London, Geneva, 1974 (in the press).

according to the proper rhythm for each child, without any artificial progress and above all without any deliberate retardation.

Some experiencesin early childhood leave an indelible mark, either favourable or unfavourable, on the subsequent biological, intellectual, emotional and social functioning.

Lastly, and above all, anything which runs counter to harmonious progress in psycho-motor advances can have an irreparable effect on development.

7.2. Even if certain emotional or nutritional deficiencies or inadequacies in motor stimulation or verbal expression by themselves only have a moderate effect, their association, which occurs so frequently in underprivileged groups has a cumulative effect on the young child and can lead to a retardation in the development of the most important biological, intellectual and social functions.

7.3. These functions include the mastery of a complex, abstract and varied language, interest in logical reasoning, a taste for experimentation, effort and success, control of impulses and frustrations, an ability to live in a group and to participate in a constructive collective activity, and the capacity to form a stable family. These functions, which will only appear later in the school child, the adolescent and the adult, depend to a large extent on the language which the child hears and uses from the first year on, the answers which he receives to his questions, the opportunities he has to play and to manipulate objects, the reassuring and stimulating atmosphere surrounding his games and his childhood experiences, his emotional relations with adults and children surrounding him, and the stability of his life environment.

7.4. Sociologists and ethnologists have studied the methods of bringing up children in various parts of the world and have shown the differences between traditional societies and those geared to change and evolution. It is permissible to think that adult society, by its behaviour towards the young child, can, if it wishes, train him to influence his environment, to seek new solutions, to collaborate in modernization.

7.5. Thus, to the immediate and urgent tasks which the personnel must perform, are added more complex responsibilities such as supervising the physical and psycho-motor development of the child, watching for alarm signals, and showing concern for the educational and social qualities of the life environment of the child.

8. The child, even at a very young age, is a person

8.1. During his earliest years, the young child progresses from the total dependence of the new-born child to the relative independence of the young school-child. At the beginning of his life, he must have complete protection which, as we have seen, comes mainly through his family and primarily his mother. When he enters school, he must have an education, which is already a collective activity, being addressed to the class or group to which he belongs. Throughout these

earliest years, he must have increasing individual attention, reflected in respect for his individuality, and there must be direct contact, without any intermediary, between the specialist (nurse, teacher, social worker, community leader) and the child, whom the specialist must speak to, listen to and watch playing.

8.2. Respect and a concern for direct contact with the child as an individual is one of the most important attitudes to be transmitted to the personnel. It can be acquired only through practical experience.

9. Need for a practical knowledge of the young child

9.1. Knowledge and experience of the young child, more perhaps than of other age groups, cannot be acquired entirely from books or classrooms. The messages transmitted by the child, whether direct or indirect (through the intermediary of his family) are difficult to decipher, his reactions are global, often complex, sometimes without any apparent connexion with his real psychological or physical problem. In order to be able to understand small children, singly or in a group, and to meet their demands, it is essential to have practical experience, to be accustomed to the adult-child relationship, to have an awareness of the message and the ability to communicate. This is acquired through prolonged observation and personal experience.

9.2. This means that the pre-service and in-service training of personnel working with the young child must include a considerable proportion of case studies, observation and field work. Hence the importance of training which comes after a period of supervised work or which takes place simultaneously with it.

10. The personnel must have special human qualities

10.1. The personality of the adult with whom the child is confronted can cause a definitive change in him. The effects of pre-school education depend as much, if not more, on the personal characteristics of the teacher as on the content of the programme and the teaching methods. An assistant in a day nursery should be chosen for her maternal qualities rather than her theoretical knowledge and a community nurse will be judged on her ability to communicate with mothers and children.

10.2. Despite the great shortage of human resources, a choice must therefore be made among those who wish to work with young children; those with pathological personalities or who are authoritarian or too passive should be weeded out and the qualities of some others should be stimulated. Hence the importance of placing them in a situation, giving them a probationary period of practical work, where they are in contact with children, at the beginning of the training, and at the end of that period a real choice can be made.

10.3. The fact that the personnel involved in services for young children are almost exclusively women poses a problem which has not been resolved anywhere. This is more important for children brought up completely or partly outside their family environment who will hardly ever come in contact with men. It is therefore

important to open careers in health, social and educational work to men and to encourage them to participate professionally or on a voluntary basis in various activities connected with young children.

11. Modification of the characteristics and needs of the young child according to the place and the time

The preceding remarks are valid for most developing regions, but their application to the pre-service and in-service training of personnel must be based on the following:

11.1. A thorough study should be made of the special characteristics of each population of children, indicating the priorities in health matters, social policy and educational work.

The results of statistical data, surveys and research, the elements singled out for economic and social planning, must be regularly communicated to the educational authorities responsible for training personnel. This applies to all training problems, but is particularly important in the case of the young child. Should health training focus on the control of acute diarrhoea, the prevention of measles, or the use of local protein foods or of an industrial weaning food? Should the emphasis be placed on family solutions for the care of children whose mothers work, or should teachers be trained for day nurseries and kindergartens? Should personnel be trained to work mainly in rural or peri-urban areas? The answers to this type of question can only be supplied by national and even regional studies.

11.2. A periodic revision should be made of these priorities according to the evolution of situations and techniques, which assumes:

The periodic revision of the curriculum and teaching material used in schools and universities;

The constant revision and up-dating of attitudes, working methods and knowledge of the personnel in the field.

11.3. The training of personnel should prepare them to collect, during the course of their work, information which will be useful in the evaluation and revision of training programmes and action policies.

11.4. The training schools must be closely linked to those who formulate this action policy.

Chapter II

OBSERVATIONS APPLICABLE TO ALL PERSONNEL FOR SERVICES FOR YOUNG CHILDREN

In Chapter I of this report, an attempt was made to define the main characteristics of the young child. Among the points which emerged were the very close ties linking the child to his environment and especially to his family, and also the indissoluble links between the biological, psychological and social aspects of his development. Another point is that, because of the small number of specialized personnel available, in direct contact with the young child, he does not always encounter at the proper time the specialist competent to deal with his precise problem but will, instead, be put in contact with someone in a related or different field. Lastly, in all countries, even the most favoured, an effort is now being made to reorganize the work of the social and health services so as to reduce the number of services and the categories of persons dealing with family problems. In the light of all this, let us consider a number of important problems concerning the content and orientation of the training given to personnel. 1/

1. Knowledge required in all occupations concerned with providing services for young children

1.1 A number of examples will illustrate the need for such knowledge.

1.1.1. At the village level, the community service team has a great variety of political, social and agricultural work to do. In areas where basic health personnel are few and isolated and are overwhelmed with curative work, this team can and should collaborate in providing health protection for young children. It must therefore be well-informed and trained. At Tillaberi, Niger, for instance, the members of the village team progressively receive information on practical aspects of environmental sanitation (installation and use of latrines), on prevention and treatment of malaria and acute diarrhoea, on nutrition (breast-feeding, good weaning foods), on supervision of the weight curve and on play activities for young children.

1.1.2. Teachers employed in elementary education must be informed about the problems of early childhood in order:

To understand what factors have influenced the development of the school-children. This is particularly valuable to those teaching the beginners' class for children who are six or seven years of age;

1/ Some of the observations which follow also apply to other age groups, but they are included here because of their importance.

To participate with the community in actions to improve the conditions of life for small children;

To transmit to their pupils the knowledge and the attitudes which will make them responsible adults and parents. Young people, on leaving school, should have some information on diet, on the value of breast-feeding, on the major communicable diseases, on vaccinations, on the importance of family life and the family-child relationship and on the development and upbringing of their future children.

This kind of information is incorporated in courses of instruction which under various names - health education, sex education, social sciences, preparation for family life - or it may form part of the general curriculum. It may be active and be based on observation of the environment. In some cases, these subjects are introduced to the children in separate courses given by specialists in health education or sex education. Such specialists are in short supply, however, and it is often recommended that such instruction should be given by the teachers themselves. The latter must therefore receive some preparation for this task during their training or while in service. Accordingly, in a number of countries an introduction to child development and child health (also covering young children) is included in teacher-training courses.

A number of countries have approached this problem from the standpoint of nutrition; they have used school feeding programmes as an opportunity for organizing, in some cases with UNICEF and FAO support, nutrition education courses for school-children. The nutrition education which is provided relates to the production and use of local foods. It may have an impact on the dietary habits of the school-children's families and on the future practice of the parents with regard to feeding. An experiment is now under way in Santiago with a view to introducing breast-feeding as a subject in elementary schools. 1/ In order to carry out these programmes of instruction, teachers receive training either in teacher-training colleges or at retraining seminars. By way of example, mention may be made of the training given to teachers with regard to school gardens in Senegal 2/ and school canteens in Algeria. 3/

The International Children's Centre has, since 1956, organized a number of international, regional and national courses for educational supervisors (teacher-training college instructors, inspectors, school principals) on the understanding of children needed by teachers or on child development and child behaviour. By

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1/ A. Patri, in Colloque sur l'allaitement maternel, Abidjan 1972 (ICC publication, Paris, 1973).

2/ D. Montanary, "Les jardins scolaires au Sénégal", L'Enfant en Milieu Tropical, 1971, No. 77, pp. 21-30.

3/ M. Chibani, "L'alimentation scolaire dans les écoles primaires en Algérie", L'Enfant en Milieu Tropical, 1971, No. 77, pp. 5-26.

way of example, mention may be made of the Inter-American course organized at São Paolo in 1969 in collaboration with the Interamerican Children's Institute, and the course organized in Togo in October 1972 for primary-school teachers and inspectors.

It would therefore be worth while actively to encourage the introduction of elementary courses on the health and development of small children in teacher-training establishments and to promote the organization of in-service training courses for elementary-school teachers on this subject.

1.1.3. Children's judges, youth magistrates, must also be informed about the problems of early childhood in order:

To have a better understanding of the behavioural disturbances of the adolescents on whom they have to pass judgement, some of which are due to events in the first few years of life;

To take informed decisions concerning living arrangements for endangered children, children of unfit or divorced parents, and so on.

The International Association of Youth Magistrates has realized the importance of these problems and studies them at its congresses. Some in-service training centres for magistrates, such as the Centre d'Etudes et de Recherches sur l'Education Surveillée, in France, organize informational sessions. ICC gives the problems of early childhood a prominent place in the programme of its in-service training courses for youth magistrates.

1.1.4. Senior administrators, economists and planners, who take administrative and policy decisions, must also have some knowledge of the problems of early childhood in order to be able to give them the priority they deserve.

1.1.5. UNICEF plays a large part in providing such knowledge to future policy-makers through the activities of its representatives, through the regional conferences it organizes and through the reports and surveys it instigates.

Two particular activities deserve to be singled out in this connexion:

The instruction given to future planners studying at the Institut d'Etudes du Développement Economique et Social in Paris;

The seminar organized by UNICEF every year since 1971 for its staff, during which at least a week is devoted to young children, with the collaboration of ICC.

In addition to these few examples, there is the obvious need to give all those providing health and social welfare services a basic knowledge concerning young children extending beyond their direct responsibilities, in order to prepare them for working as members of a team.

1.2. On the basis of the foregoing, it is possible to devise a kind of minimum common curriculum, which would comprise some instruction in:

Demography and health statistics;

Health education;

Nutrition, with emphasis on breast-feeding, weaning problems, prevention of protein and vitamin deficiencies (or obesity);

Environmental sanitation;

Communicable diseases (prevention, vaccination, elementary treatment);

First aid;

Accident prevention;

Bodily growth;

Motorial, intellectual, emotional and social development;

Family environment, adult-child relations;

Rudiments of education for young children;

The role of speech, stimulation and play;

The various community services, personnel and resources which may be concerned with early childhood.

Consideration might be given to producing a basic manual setting out ideas that could be applied in all countries receiving UNICEF assistance, which would be made available to the various training centres.

Editions adapted to conditions in the different countries, and even in different provinces, could be prepared locally and made available to training schools for qualified and auxiliary personnel.

In-service training sessions, discussion or study groups and interdisciplinary symposia could be organized around these subjects.

2. Analysis of the activities of personnel

Each type of personnel coming into contact with young children and their families performs activities which we may attempt to classify in various ways. This effort at classification is necessary in order to see what kind of training must be given priority.

2.1. Classification according to the basic discipline: health sciences, social sciences, educational sciences. These three major categories are often the province of different administrative services (health, social and educational).

We shall revert later to the point that, in the case of small children, it is very important that personnel training should cover these three fields, even if one of them predominates - a point which will lead us to use the term "multipurpose personnel".

2.2. Classification according to the bias of the work towards the promotion of well-being, the prevention of abnormalities, their treatment, or rehabilitation in the case of long-standing or chronic abnormalities. This classification applies to all professions and occupations, whether in the health, the social or the educational field. In the case of small children, the bias is primarily preventive, but experience in most countries shows that preventive action cannot be isolated; hence the need to train personnel who will be prepared to work simultaneously with different biases.

2.3. Classification according to ethnic, occupational, social or geographical population group: for example, personnel working for the Indians in the Canadian North, for State employees in Brazil, for miners or for migrant workers. In some cases, the personnel receive special training, arranged by the government department which actually employs them. It is important to ensure that this does not lead to the creation of parallel, compartmentalized services applying different social policies in one and the same region.

Where training is concerned, it is desirable that the various training centres should co-ordinate their programmes and teaching methods so that the organization of work by geographical sector, team-work and co-ordination will be achieved in the future.

2.4. Classification according to the age groups for which the personnel provide services.

2.4.1. In some cases, the services are strictly limited to a short period;

Obstetrician, midwife, traditional birth attendant (matrone) or dai;

Puéricultrice (qualified or auxiliary), child welfare nurse, nursery nurse;

Kindergarten teacher, educadora de párvulos, mother's helper, balsevika.

2.4.2. In other cases, the services in question cover a longer period of life, the whole of childhood: paediatrician, paediatric nurse, paediatric social worker.

2.4.3. In other cases again, the personnel involved are generalists serving all age groups: general practitioners or public health doctors, nurses of various kinds (multipurpose or public health), health workers, social workers, popular educators, and so on.

The young child population provides most of the clientele for these last two categories, because of its numbers and the magnitude of its problems, as was stated above. In their training, sufficient time should be devoted to this age group.

2.5. To this list must be added specialized activities in particular fields: the rehabilitation of children suffering from abnormalities, whether incapacitating (handicaps), bodily (mortorial, sensorial or mental), psychosocial (children without families) or other.

2.6. This list, which is not exhaustive, is a reminder of the complexity of activities, which are very often associated, and this complexity is aggravated by the fact that, in different countries, similar words stand for something entirely different (e.g., "matron" in English means a head nurse and in French an untrained birth attendant; in France a puéricultrice is a medical nurse specially qualified to deal with small children, while in other French-speaking countries the word means an auxiliary worker - of the nursery nurse type - who looks after young children in the home or in a crèche.

3. Classification according to the level of responsibility and of academic and vocational training

3.1. A distinction may be made between the following: 1/

3.1.1. A qualified level, the hallmark of which is a full academic and professional education adapted to a precise function;

3.1.2. An auxiliary level: an auxiliary is a paid worker in a particular field, with less than full professional qualifications in that field, who assists and is supervised by a professional worker. Personnel at this level have a shorter and less comprehensive record of education and vocational training than qualified workers in the same field.

This classification is very useful and should be borne in mind by planners when they are deciding on the objectives of their training programmes. There should, in each country, be a correspondence between the content of training courses for qualified and auxiliary personnel of the same type, such as:

Physician and health officer (Feldscher);

Midwife and rural birth attendant (e.g., in Algeria);

Qualified puéricultrice and puériculture auxiliary;

Public health nurse and community nurse (in East Africa);

Educadoras de párvulos and their auxiliaries (in Chile).

3.2. However, there are some situations in which provision must be made for one or more of the other four levels:

3.2.1. A higher level of supervisors, planners, administrators or trainers which will come into being, after a few years of professional work, through post-graduate training; this will mean organizing schools and courses for supervisory personnel in the capital cities of regions and in universities;

3.2.2. An intermediate level, between the qualified and auxiliary levels. This level often exists temporarily when the number of students having a full secondary education is still small. By way of example, mention may be made of the local supervising midwives and nurses in West Africa;

3.2.3. A paid-worker level of persons taken on directly without prior training, often with a very short record of schooling, who are trained practically "on the job".

1/ Official Records of the World Health Organization, 1963, No. 127, p. 184.

WHO Expert Committee on Professional and Technical Education of Medical and Auxiliary Personnel, The Use and Training of Auxiliary Personnel in Medicine, Nursing, Midwifery and Sanitation, World Health Organization, Technical Report Series, No. 212, 1961.

In the case of the age group with which we are concerned, personnel of this kind play a very important role because, although the work they do is said to be subordinate, it involves direct contact with families and especially with young children themselves. Arrangements should be made to provide personnel at this level with educational supervision and in-service training;

3.2.4. A traditional personnel level, the typical example of which is the village birth attendant who for generations has provided services to mothers and babies. Ways must be found of using and training personnel of this kind without integrating them into the administrative structures.

3.2.5. Lastly, in an increasing number of situations, activities in behalf of young children and their families are carried out by members of the community - mothers or fathers, young men and girls, retired persons - working voluntarily in play-groups, crèches, kindergartens, health centres, social centres and clubs (mothers' clubs, schools for parents). These volunteers, coming from the community, should also be given general information on young children and should be familiar with the objectives of the health, social and educational activities of the services of their country or region.

4. Utilization of personnel of the kinds already existing in a country

It would be very worth while, if possible, to make a precise analysis in each country not only of the number of workers of various kinds and at various levels but also of what they actually do and their opportunities for contact with families and young children. The results of such an analysis should be compared, firstly, with the real, felt needs of the young child population, and, secondly, with the objectives and results of the various courses of training in order to make them more realistic. 1/

This work should be carried out in collaboration with the schools (or university centres) and with former students working in the field.

Such a study, if it were made, would probably lead to the better use of certain categories of personnel who are already accepted in the community and are not too difficult to recruit, and to the better preparation of such personnel for activities in behalf of small children.

For instance, in West Africa, where the qualified (or local supervisory) midwife plays an important role in the society and where this profession attracts active young women, it would be worth while giving such personnel supervisory responsibility for the health, development and upbringing of infants. The promotora rural in Colombia, whose duties relate to general health education and family planning, has also been made responsible for health activities relating to young children. The

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1/ Studies of this kind are envisaged, for instance, in The Development of Studies in Health Manpower, World Health Organization Technical Report Series 1971, No. 481.

community nurse in Kenya, who is responsible for the general health of an entire group of the population, is trained particularly in maternal and child welfare work. The Indian balsevika, who in the rural community development team was responsible for educational day-care services for pre-school children, now also receives training in providing for the nutrition and health needs of that age group.

5. Training of multipurpose qualified personnel

5.1. Advances in knowledge and techniques lead to a proliferation of specialties and an increase in the number of professions and occupations having precise responsibilities in limited fields. In the health, educational and social field, these advances have led to a difficult situation in the developed countries, where families may be confronted with a virtual army of assorted specialists belonging to different services and departments; the risks of duplication, contradiction, omission, waste and lack of coherence have led to the establishment of work teams, attempts at co-ordination and a trend towards unified work arrangements on a geographical basis (by district, sector, etc.). Even in wealthy countries, where the problem of human resources is less serious, there is now a tendency to reduce the number of specialists and to train personnel with a wider range of skills, capable of performing a number of activities simultaneously in order better to meet the needs of families; for example, the French puéricultrice, who used to specialize in the field of infant health, now has a more comprehensive training in psychology and education, in order better to perform her task as a sectoral puéricultrice working with families and as a director of crèches and maternal and child welfare centres. The responsibilities of the community nurse in the United Kingdom are to be very greatly expended as part of the reorganization of the National Health Service. The multipurpose nurse in Israel is trained to meet all the health needs of all age groups.

This multipurpose capability is particularly important in dealing with small children because, as was stated above, at that age the physical and psychological aspects are indissociable. Moreover, the great difficulty of reaching young children, which has already been a subject of study by the Executive Board of UNICEF, makes it essential to use all opportunities and all contacts for action.

5.2. This is particularly true in developing countries, where the shortage and poor geographical distribution of personnel makes it impossible for every family to have access to a specialist qualified to deal with each individual problem.

UNICEF should therefore, after completing the analysis of needs, activities and existing functions in each country, give priority assistance to multipurpose training programmes for the following purposes:

In the case of doctors, encouraging the training of general practitioners capable of practising comprehensive pediatrics (preventive, curative and social);

In the case of basic health personnel, training nurses (male or female) capable of performing both preventive and curative work, but with some knowledge of psychology, education, environmental sanitation and family planning;

In the case of personnel responsible for the beginning education of young children (day care and pre-school education), associating health and nutrition training with psycho-educational training.

These multipurpose capabilities may be acquired from the outset, in the course of professional or vocational training. Alternatively, they may be acquired gradually through in-service training sessions or may be attained after several years of work in the field.

Multipurpose training must be accompanied by a precise understanding of the fields of competence of each person, a clear awareness of the limits of responsibility and a good knowledge of the availability of specialists, if needed.

6. Training of specialists

6.1. In the conditions envisaged above, the role of the specialist (e.g., paediatricians and paediatric specialists of various kinds, psychologists, specialists in the various forms of bodily or mental handicap, specialized social workers) is that of a trainer, an adviser, a consultant. As an example of this, mention may be made of the British National Health Service, in which a small number of specialists 1/ act as consultants to the general practitioners who serve families and their children. Beginning in 1974, some of these consultant paediatricians will have responsibilities outside the hospital and in the community. In developing countries, this kind of organization of work should be encouraged and the small number of future specialists should be trained for this role. The same applies, for example, to psychologists, who are much more effective if they act as trainers and advisers to day-care and pre-school education personnel; it also applies to the specialized social worker who is called in as necessary by the multipurpose family case worker.

The specialist also has a role to play as an adviser to government departments, planners and economists.

6.2. The number of such specialists can be relatively limited, since they operate in the major centres and have mostly indirect functions.

6.3. These observations are important to the orientation of university training programmes for specialists in developing countries; whatever his intended specialty, the student shcould be informed about the status of problems in his country, the personnel with whom he will have to collaborate and the roles he will

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1/ D. Court and A. Jackson, Pediatrics in the Seventies (Oxford University Press, London, 1972).

have to perform. This can be achieved either with training courses that are partly joint courses (as is done in the case of science and health at Brasilia and at CUCES at Yacundé) or with courses that are separate but leave plenty of room for practical training in the field.

7. Training of qualified personnel to administer, to supervise and to train others

7.1. This point is stressed in all documents of the specialized agencies of the United Nations on the subject of personnel training. It is particularly important in the case of young children, whose direct contacts are usually with auxiliary personnel or with persons having no basic training. It is therefore necessary for the qualified personnel who are in such short supply to reduce their own workload by "animating" all those around them, many of whom are working in the field a good distance away. The training for this is difficult, and very few schools or universities provide it. UNICEF should lend its support to any training centres whose objectives include not only providing knowledge and administrative, supervisory and teaching techniques but also encouraging favourable attitudes towards a process of animating auxiliaries and members of the community.

8. Training of auxiliary personnel 1/

8.1. In many countries, the training of auxiliary workers tends to be in the nature of local training, integrated into the social and health services through a combination of on-the-spot theoretical instruction and of practice during training.

This form of training should be encouraged where it exists or introduced where it does not, for two reasons:

The employment of more auxiliary workers is a prime necessity for all countries and especially for developing countries, because they constitute a less expensive but very effective fund of human capital;

The local training approach has real advantages in terms of the impact which such personnel can have on the population among whom they will be working.

8.2. In addition, the training of these workers needs to be upgraded, since their status is often vague and their careers poorly organized. It should be possible to regard auxiliary work as a first stage permitting an evaluation of the practical qualities of the workers and the selection of those who should receive further training.

1/ The Use and Training of Auxiliary Personnel in Medicine, Nursing, Midwifery and Sanitation, WHO Technical Report Series No. 212, 1961.

Seminar on the use of auxiliary nursing staff, WHO Regional Office for Europe, Copenhagen, 1962.

A. Prost, Services de santé en pays africain (Masson, Paris, 1970).

Although the theory and practice of these training methods have been worked out and supported by WHO and UNICEF in many countries, their impact on the population between the ages of 0 and 6 years has not yet been precisely determined. Efforts to promote or support such methods relate mainly to the content of the training programmes and thus also to the teaching approach.

8.3. Of the trends concerning, and the characteristics of, auxiliary personnel throughout the world, which have been well analysed by Fendall 1/ in the case of health personnel, one of the most important for young children is the trend towards the training of multipurpose auxiliaries.

8.3.1. It would, of course, be wrong to abolish certain categories of auxiliaries performing a precise type of "single-purpose" work, such as the women who provide educational day care for infants and small children (auxiliaires de puériculture, nursery nurses, mothers' helpers assisting pre-school educators) or health services (a midwife or nurse's aide working in maternity homes or hospitals, environmental sanitation aides, vaccination auxiliaries).

8.3.2. The fact remains that personnel of this kind, with limited skills, can never be left to themselves but must always be part of a structured team; consequently, they cannot meet the essential needs of families and their young children, who are difficult to reach, even in urban areas, or are widely dispersed in rural areas.

The technical organizations of the United Nations system should therefore turn their attention to relatively multipurpose methods of training auxiliaries which would produce a field staff capable of meeting several of the needs of the young child, or specific needs of several age groups.

Among the examples that may be cited in this connexion, we would mention the following:

(a) The enrolled nurse-midwife - health visitor in Kenya and the auxiliary nurse midwife in India, whose multipurpose activities at the village level meet the preventive and curative needs of families;

(b) The promotora rural in Colombia, who collaborates in agricultural development and environmental sanitation, but also in family planning and maternal and child welfare;

(c) The aides sociales in the Upper Volta, who are concerned with the growing of food and the raising of small livestock, but also with home economics and health education;

1/ N. R. E. Fendall, Auxiliaries in Health Care. Programs in Developing Countries (Josiah Macy, Jr. Foundation and Johns Hopkins Press, Baltimore and London, 1972).

(d) The Indian balsevika, an auxiliary serving the child of pre-school age, who by her training is oriented towards both health education and nutrition for young children in Indian villages.

8.3.3. Contrary to what might be supposed, it is more difficult to train relatively multipurpose auxiliaries than "single-purpose" auxiliaries or qualified personnel. The latter category has a cultural fund of general knowledge which facilitates adaptation and new approaches. The student auxiliary, who usually has only a rather formal elementary education and who is preparing himself for precise tasks, has to follow an essentially practical and concrete programme the very precise objectives of which pertain to exact tasks in clearly determined material conditions. However, the different kinds of training for auxiliaries provided in a given country must be consistent among themselves and must therefore be co-ordinated at the national level in accordance with the development plan and social policy. This results in a number of contradictory constraints on the training programmes.

The training centres must be situated in the field, near the auxiliary personnel's work areas, in direct contact with the communities where they will be working, and therefore remote from the national and regional capitals and away from the major hospitals and social or educational institutions. Yet these "outer" training centres must be integrated into a consistent personnel training policy.

8.4. The teaching staff of these centres must have an excellent knowledge of the locality and of local needs, resources and customs. Ideally, they should be selected from among the professionals who will later be supervising the auxiliary personnel concerned. However, these professionals will have to be very competent teachers, since the teaching is difficult - more difficult, perhaps, than the teaching of professional personnel. Will good teachers of this kind be willing to work away from the intellectual centres?

8.5. The material offered to the student auxiliaries must be adapted exactly to the proposed teaching objectives, in the local language, and must give examples suited to local situations. Foreign, and even national, models will have to be adapted and translated.

8.6. Despite all these difficulties, assistance to training programmes for auxiliary personnel to deal with small children has been discerned by UNICEF as a priority in many countries. This effort should continue with the establishment of a number of criteria for selection, as follows:

(a) The objectives of the training, which must be clearly defined and must relate to precise tasks consistent with their policies for children and with the action programmes assisted by UNICEF;

(b) An evaluation of the effectiveness of the training must be required. The evaluation will be made in collaboration with the services responsible for the work of the auxiliaries and with the training schools, but also with former students working in the field and, if possible, with the "customers" or, in other words, with families;

(c) In-service and continuing training must be systematically provided for in the training programme for auxiliaries.

9. Personnel employed by services, without previous training

9.1. This category comprises a large number of persons who participate in most of the activities of the health, social and educational services, performing what are normally elementary housekeeping and maintenance tasks of a material nature, but also some more technical and educational tasks; these are untrained women who, in the health services and social centres, help with (or themselves carry out) the weighing of infants, demonstrations and some therapeutic acts. Helpers at this level are found in most organizations for beginning education, where they may be directly involved in providing care and education: in crèches, kindergartens, day nurseries and boarding establishments. This group may be said to include mothers who take in children for foster care (either by the day or as full foster-parents), where the care is paid for and supervised by the social services.

The people involved may be young women (or men), but they may also be older people who have already raised their families or have had working experience elsewhere.

9.2. Their role is important, because in many circumstances they are the ones who are in direct and prolonged contact with the children. Consequently, they can have either a good or a harmful effect on the children's psychological and physical development.

9.3. While it is true that their personal qualities of human warmth, emotional accessibility and interest in the activities of the children under their care are more important than their theoretical knowledge, they should nevertheless be aware of a number of basic factors affecting the health and development of young children. As Mr. David said in his report to a recent ICC seminar, 1/ since the people doing this kind of work are not very well educated, they should be given the rudiments of health education that every woman should know, whether as a mother or as a day-care worker; the training should also cover educational problems. They should therefore, in some cases, be given a certain amount of technical information.

9.4. Two kinds of training should be envisaged:

(a) In-service educational supervision by the administration of the service or institution. Such education can take the form of discussion of cases, advice in the event of difficulties, and participation in team meetings;

(b) A more structured type of instruction, either part-time or full-time.

1/ Seminar on day care for children of working parents below the age of 3 years, organized by ICC from 3 to 5 December 1973.

Lastly, some of these workers may, if given more thorough general and technical information, be able to become auxiliary or even qualified personnel.

10. Traditional personnel

10.1. During the past 20 years, the administrations of health and social services came to realize that it was of the greatest importance not to disregard the potential effectiveness of the people who take decisions and provide services locally, within the various population groups. The best example of this trend is the present attitude towards traditional birth attendants.

10.2. These women, although lacking formal training, have a real knowledge of local customs and beliefs; they are listened to and respected. It is for this reason that, instead of excluding them from the activities of the health services and prohibiting their work, attempts have been made, often with UNICEF assistance, to give them practical, rapid and repeated instruction on pregnancy, normal birth, warning signs which should cause them to have the woman taken to hospital and, in some cases, rudiments of hygiene and supervision of infants.

At Khombole, Senegal, 1/ under the programmes of the Institute of Social Paediatrics taken over by the Senegalese Government, traditional birth attendants trained in this way bring the mother and infant to the team which will be responsible for supervising the child; this enables a good educational contact to be established. These birth attendants are not on the strength of any government department and are not paid by the latter.

11. Human resources. Recruitment

11.1. In all countries and at all levels, there is a serious gap between the demand for and the supply of personnel. Industrialized countries usually find solutions so far as money and equipment are concerned, but all, virtually without exception, are short of nurses, pre-school care personnel and social workers. In developing regions, the situation is even more serious. It was dramatically underlined recently in the case of nurses in Latin America. 2/ In such circumstances, countries hard-pressed to provide curative services and to carry out school enrolment programmes are tempted to neglect giving due priority to personnel for services for small children, whose work is mostly preventive and educational.

1/ M. T. Villod et N. Raybaud, "L'éducation des matrones au Sénégal", L'Enfant en Milieu Tropical, 1965, No. 27, pp. 7-12. A. Sanokho, A. Koite, N'Diaye and V. Dan, "Activités essentielles dans une structure de base de santé publique", ICC Courrier, 1973, No. 23, pp. 477-481.

The same type of training programme is carried out in a number of countries of Latin America (e.g. Venezuela) or in South-East Asia. The kits provided by UNICEF have played an important part in the success of these programmes.

2/ "La situación crítica de la enfermería en América Latina y el Caribe", Bol. Ofic. Sanit. Panam., 1973, No. 75, 2, pp. 146-166.

11.2. Moreover, the training of personnel in this field, mostly female, provides a poor return on the investment because many young women give up their jobs within a few years of starting work.

11.2.1 Efforts should first of all be concentrated on certain changes in the recruitment of students.

One obstacle, which could easily be removed, is the age limit. The reason for this limit (usually 18 years) is to ensure sufficient maturity. However, one effect of this rule, particularly in the case of candidates for training as auxiliaries whose basic schooling ended early (at the age of 12 to 14), is to create a hiatus of several years during which many potential recruits are lost. There would be much to be gained if student auxiliaries could go straight from school to the training centre.

11.2.2 Where the training of qualified personnel is concerned, a number of countries guide their school children towards "social" careers during the last few years of secondary or technical school. The content and methods of instruction involved merit close study and better co-ordination with the training that will be given later in institutes and universities.

11.2.3 Wider access to the various kinds of employment (particularly as auxiliaries) should be allowed to boys and girls of limited or poor education. Efforts to provide remedial instruction are already receiving UNICEF assistance. It would be worth while to enable these young people to enter existing training schemes by giving them supplementary general education and steering them more directly into occupations dealing with small children.

11.2.4 The same careers should be more widely open to older women and men who have finished raising their families or are obliged to change their jobs. Their previous personal experience is an asset which could be supplemented by general and technical instruction in the form either of continuing courses or, in particular, of in-service training.

11.2.5 Although the wastage of personnel - mainly women - trained in health, teaching and social techniques for small children is a serious problem in the short run for employers and service administrations, it may have beneficial effects in the long run.

Women trained in this way to understand children will be better educated mothers, better prepared to give the next generation a good upbringing. The positive effect of the educational level of parents on the quality of life for their children in later years is now confirmed by a wealth of statistical data.

These mothers and their husbands will also be able to assume leadership positions, as active members of the community, and will in turn be able to stimulate action programmes for the benefit of small children, especially if their training has included preparation for community action.

11.3.5 Such women will be able to resume their jobs if the work structure (e.g. part-time employment) and opportunities for in-service training are well organized.

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11.3. Perhaps the most interesting solution is the use of certain elements of the community, young adults and old people, without previous training, for precise tasks on a local team, and possibly in-service training for them (see below).

11.4. What all this means is that the training of personnel for services for small children should be very carefully structured so far as objectives, methods and evaluation are concerned, but at the same time should be very flexible when it comes to adapting it to individual situations and cases, providing a variety of channels for training and allowing access by persons of different ages and levels.

11.5. Along with this flexibility, however, there must be great strictness in the selection of trainees from the standpoint of personality. Young children are very vulnerable to contacts with pathological personalities. The latter can be weeded out and steered into other work at an early stage, during a period of observation, training and field practice work with young children.

Chapter III

ROLE AND INSTRUCTION OF MEMBERS OF THE COMMUNITY

The majority of countries, and especially the developing regions, suffer from a serious shortage of personnel at all levels - qualified, auxiliary and untrained. As a result, the needs of the population, and in particular those of the young child, cannot be met by traditional organized and structured systems which require paid, career personnel. To complement the work of such personnel, who constitute both the lower and the upper echelons of the services, it has been necessary to seek and devise less "classical" methods and engage the voluntary resources, as it were, of the community.

Furthermore, it has become apparent that social work, and in particular family social work, is better understood and better accepted if it is practical, requiring the participation and initiative of the recipients, or is even instigated by them. Hence the development of so many different experiments in community work which have been widely described and subjected to evaluations and critical assessments. 1/

This community work poses training problems: training of senior personnel and leaders and training of the members of the community as a whole. Since this topic is dealt with in other studies, the author will confine himself here to some examples which have implications for the first years of the child's life.

1. Youth

1.1. Some examples illustrate the possibilities of action by youth organizations.

1.1.1 The first example will be that of the two years of community and cultural work (ZACC) in Cameroon. 2/ These zones represent structures established by the Ministry of Youth and Sports (Office for Rural Community Development). They enable rural youth with no qualifications but with schooling up to various levels to receive post-school training and to play a part in the development of their community.

This training takes three forms: intellectual, technical and civic. The training methods are based on the life of the group, in other words, elementary theories are taught on the basis of practical needs.

1/ United Nations Division of Social Affairs. Rural Community Development. Seminar, Madrid, 2-23 April 1968. United Nations, New York, 1969 (SOA/ESDP/1968/4). Bureau of Social Affairs. Training in Community Development. European Seminar, Athens, 17-26 September 1961. United Nations, Geneva, 1961 (SOA/ESWP/1961/2).

2/ G. Courrèges, "Les zones d'activités communautaires et culturelles". United Republic of Cameroon, in L'enfant en milieu tropical, 1972, No. 82, pp. 25-29.

Practical and technical training is also carried out locally: on the communal land of the village or group of villages; in this way, the point can be demonstrated that in their own milieu people can improve their living conditions. The originality of this approach is that it reconciles education and the techniques of rural development with health education: it stresses the need for the building of latrines, the improvement of water supply points, the installation of water filters and the propagation of MCW concepts.

The first aim of this training is to increase people's awareness and encourage them to take collective decisions involving them all. Then, it seeks to induce people to grasp the need for preventive measures and village solidarity.

1.1.2 The second example, that of the Jeunesse Pionnière Nigérienne, 1/ illustrates one means of providing out-of-school training for young people in Niger. This organization comes under the Commissariat for Youth and Sports; it is an "instrument for education, training and animation based on modernized scouting" for boys and girls between the ages of 8 and 18 who have received little or no schooling.

The training is carried out in sessions lasting from one to several weeks in various village centres. It consists in introducing the young people to theories of economic, political and social life; it does not involve large financial resources and employs teaching methods which are clearly defined but pose problems of adaptation and application.

1.1.3 In Brazil, scouting plays a part in urban and rural community development. The training which it provides for girls is supported by UNICEF within the framework of youth orientation projects. 2/

The general basis of this training is the education of women teachers in rural areas; these teachers become girl-scout mistresses and represent a community teaching force particularly well suited to the situation. The girls and young women are able to promote health and education programmes in their villages - relating to environmental sanitation, hygiene, literacy, agricultural and nutritional development, etc. - which have a real effect on the well-being of children.

In Brazil, too, instructors have organized public health clubs 3/ which employ educational and recreational methods in providing a basic training for young people of school age and help to eliminate sources of infection, such as contaminated water, in places where children like to play.

1/ "Enfance, jeunesse et plan de développement". Rapport national de la République du Niger. Preparatory study for the Lomé Conference, Togo, 1971.

2/ E/ICEF/L.1275, Misc. 169, 1970: 41.

3/ XIth International Conference of Social Service. Report by Brazil, 19-24 August 1962, "Urban and rural community development". ICSW: 28.

These clubs provide various activities: training in basic agricultural techniques, carpentry, manual and domestic work, and basic general education.

These youth clubs were set up together with the "Women's Clubs" supported by UNICEF, which organize activities of general interest such as discussion groups on the feeding of children of pre-school and school age, domestic hygiene, etc.

1.1.4 Since 1958 an interesting experiment has been going on in Libya; 1/ it employs an original method with multipurpose implications and may bring considerable benefit to the people.

Teams of students from the Institute of sanitarians and auxiliary health workers of Benghazi (Libya) were sent to carry out practical work in villages; this involved the installation of a drainage and sewage system and the construction of public corveniences.

Before embarking on these practical projects, the team of young students carried out a campaign to explain the work to the villagers and increase their receptivity; they received active co-operation from the people and were able to ensure that the work would be continued after they had left.

They benefited from the fact that their training had been multipurpose, that is to say that, in addition to strictly technical training, they had received training in health education and teaching methods.

The team based its adaptation of the projects to local needs on a realistic approach to the interests and cultural traditions of the village. It is able to involve persons of authority in the village in the educational work and enlist their aid in persuading the villagers to participate; it activates and gives basic training to school-teachers, the older children in large families and religious and village leaders.

1.2. These few examples chosen from many others show that the orientation of youth organizations towards community work brings with it many advantages and serious difficulties. As to the problems of early childhood with which we are concerned, we can say that:

1.2.1 In the examples given these problems are dealt with indirectly by means of more general work directed towards the environment (sanitation, health education, agricultural development); this work does have results, but they are not clearly defined. It would be useful to encourage more direct action in which organized young people would work in MCH centres, health centres and health posts, at the level of educational child-care centres (crèches, kindergartens, playgrounds), and with families at the district and neighbourhood level in the villages.

1/ A. Khalil, "Expérience de formation professionelle" reported in the Revue internationale d'éducation de la santé, 1966, No. 3, 3: 136-142.

Apart from its immediate effects, this kind of work will perhaps influence the future of these young people by helping them to choose their occupations and preparing them for responsible parenthood.

1.2.2 These youth organizations are staffed by instructors, local community leaders, scout masters and other leaders who have received widely differing degrees of training. It is at the training stage that these youth movement leaders must be given a grounding in the subject and be taught suitable techniques and ways of dealing with the first years of life. This underlines the usefulness of a manual on early childhood for the use of all workers in the field.

1.2.3 The training given to youth leaders and the training which they in their turn will give to young people in the field must take account of two vital needs:

It must correspond exactly to the needs of the community and be based on intimate contact with the environment;

It must be consistent with the social policy of the country.

1.2.4 In principle the training of youth leaders is organized under the auspices of the ministry and the ministerial departments having special responsibilities in this field. It would be helpful if the social, education and health authorities responsible for services for young children co-operated in these programmes.

1.3. The role of youth is not limited to organized work under the guidance of leaders. We have already stressed the importance of giving young boys and girls with little or no schooling, employment or training, access to posts in such services and to various types of training, even if they apply as isolated individuals.

However, the personnel must take care not to use these young volunteers as servants to be ordered to carry out automatic tasks; they must be concerned to give them instruction, engage their interest and induce them to co-operate and evaluate the work they do.

2. Adults, women and families with special responsibilities in local communities

2.1. Examples of community work with the young child

2.1.1 Centres for rural household management or home economics, as they are organized in Tunisia or Upper Volta (at Garona), prepare women for their duties as mothers.

In Tunisia 1/ these centres enable young women to acquire in a few months a training in home economics and household matters, despite the fact that they have

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1/ E/ICEF/L.1275, New York, July 1970: 29.

received no schooling. When they return to their villages, these young women are able to pass on the benefits of their training to the other women in the community.

In the Upper Volta 1/ the Social Centre at Gaoua has also established centres in the bush and has introduced a method of training women with support from UNICEF and other private bodies; the villagers themselves also help in many ways.

The courses teach basic needlework, knitting and cooking, food hygiene and home economics.

The methods are still simple and practical: gardening, small animal raising, dressmaking and cooking; everyone participates in these activities. Once their training, which takes a few months, is completed, these young women play an educational role in their home localities.

2.1.2 Public health programme applied to early childhood in urban areas at M'Bour (Senegal). 2/

A public health team centres its work on the training of local community leaders recruited, voluntarily, from among the inhabitants of various urban districts.

The subjects taught include balanced nutrition based on local food-stuffs, rules of basic hygiene, hygiene for infants and children, and family and household management.

The method of training is as follows: district leaders choose from each district two young women volunteers who have children. The training lasts 18 months and takes the form of lessons at the clinic and home visits. The women are also taught how to pass on the benefits of their training to other women and how to explain to them the purpose of certain campaigns such as that for the "nivaquinisation" of children.

2.1.3 Family teams in Brazil

"Family teams" were initiated in Brazil by the National Department for Rural Endemic Diseases (DNER). Technical staff, in the persons of a doctor and a woman health teacher, were sent to certain villages, where they helped groups of inhabitants to establish a sort of council with statutes drafted by the villagers themselves. These statutes stipulated that the groups were responsible for "working for the material and spiritual progress of the community, the improvement

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1/ PERE, Rapport d'activités du centre social et d'animation rurale de Gaoua, République de Haute-Volta, 1967.

2/ J. Diouf, R. Wald and L. Orvin, "Programme de santé publique appliqué à l'enfance en zone urbaine". L'enfant en milieu tropical, 1966, No. 32, pp. 18-31.

of health and sanitation conditions, and the encouragement and performance of educational, artistic, recreational, charitable and social work, without losing sight of the development of their associates and the whole community" (statute of the family team of Mandacaru, Brazil). 1/

The "DNER teams" have provided these village councils with a training in public health and nutrition suited to their own problems; the method used was to draw the attention of groups to the common problems of the village: problems of water, sewage, septic tanks, transport, lighting, wells, riverside washing areas, medical posts and school hygiene.

Thus, these teams can use their own methods to carry out established projects, organize public health weeks, improve the environment and the literacy courses run by the members of various girls' or women's clubs.

The basic method is for a qualified woman health teacher to train a group of inhabitants so that they will be able to continue their own training and train the rest of the community. The method is to undertake projects which are initially limited in their concrete results but which tackle public health and nutrition problems in such a way that the inhabitants themselves can subsequently continue the work at a more advanced stage. After a time the qualified team can let the inhabitants themselves analyse their problems and seek solutions to them. 2/

2.1.4 Participation of women in child-care centres in Africa

In some African countries 3/ child-care services for children of pre-school age have been established by groups of women on their own initiative, usually with the support of the social and rural community leader in the villages.

These child-care centres not only look after the welfare of children left to themselves while their parents are at work, but they also have a particularly valuable influence on the health and nutrition education of parents and future parents. 4/

1/ DNER, "Relatorio da Secção de Educação Sanitaria", Reunioes de Estudos da ABESS, 1958. R. Moreitra, "Una experiencia em educação CNEA", Ministry of Education and Culture (MEC), 1960.

2/ See in "Urban and rural community development", XIth International Conference of Social Service, Brazil, 19-24 August 1962. Committee 3: Experiments in community development and organization (DOC).

3/ Ghana, Senegal, Kenya, Uganda, Tanzania, Ivory Coast, in E/ICEF/L.1275.

4/ Idem 28: example of the Casamance region of Senegal.

The centres are usually staffed by interested mothers and young men or women who volunteer to help. Often the village community leader is the moving force behind the establishment of the centres.

These experiments are to be encouraged, and UNICEF, as well as Governments, should plan the establishment of such centres, draft a statute and provide basic training for the volunteer helpers. That would encourage and support them in their work and would also encourage the inhabitants to help with the provision of materials and equipment. The project of the Tanzania Government, assisted by UNICEF, is a good example of what is needed. 1/

2.2. Many other examples could be given of organized participation, mostly by women. The examples are of work directly oriented towards the problems of early childhood, but a number of difficulties are encountered in this work:

Mothers have insufficient time to take part in activities because of their heavy burden of domestic work: "the irregularity of their attendance is one of the main reasons for the slowness of the progress achieved in the execution of the programmes". 2/ Hence the importance of community organizational efforts to ease the burden of domestic work and give women more time for education and activities relating to their children.

There are problems of staffing and teaching materials. UNICEF has already become involved in supporting this work in some countries.

These ground-roots efforts must be taken into account in formulating the general development policy of countries.

2.2.1 Activities of Schools for Parents: the Schools for Parents, which have already been in existence for some time, having been organized by the International Federation for Parent Education, are an example of educational work carried out by highly motivated groups organizing, with the assistance of specialists, instruction which is often of a very high scientific standard. These associations use various teaching methods, ranging from techniques of group dynamics to the mass media, including the distribution of printed matter and the organization of exhibitions. In addition, parents' associations (for the parents of sick children, for example) everywhere play an important role in instructing and motivating families.

2.2.2 But, as in the case of young people, these organized efforts must not make us lose sight of the valuable contribution which can be made on a voluntary or individual basis. Health, social and educational services must open their doors and welcome the participation of families, parents and other members of the community. Many different forms of co-operation may be mentioned: participation in the

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1/ E/ICEF/L.1275: Assessment of Projects in the Education and Training of Women and Girls for Family and Community Life.

2/ E/ICEF/L.1275: 59, paragraph 142.

construction of buildings (health posts, social centres, crèches, kindergartens, playgrounds), in the preparation and maintenance of equipment, in particular play equipment, assistance in general services and in the preparation of meals in kindergartens. All these activities should include an educational component; the qualified, trained staff should take advantage of every opportunity to instruct the voluntary helpers and to discuss the purpose and organization of the work with them.

2.2.3 Little has been published on experiments involving elderly people in retirement. Information received from the People's Republic of China indicates that this age group is widely employed in looking after young children in people's communes. Retired men and women take charge of infants and young children of parents who work both in the towns and in the country. They have close and frequent contact with a qualified person such as a nurse or teacher of young children who works with them to ensure that the children in their charge are properly looked after and given some training.

2.2.4 It sometimes happens that the members of the community take on responsibility for the management of services. This is done to the fullest extent in decentralized self-management systems of the Yugoslav type; it can be seen also in other situations, where committees or associations of "vecinos", villagers or parents are partly or fully responsible for the management of educational, social or health centres or even local services. Decision-taking and administrative management are then based on experience, initiative and imagination, but it is very important that the active members of the population as a whole should be kept informed of the problems of childhood, of possible solutions and of the over-all policy of the country. Two means, among others, may be used to this end:

Educational work carried out by specialists and other trained staff through individual contacts, discussion groups and the provision of educational material; this entails a preparation for community work;

The dissemination to the public through the press, radio, television, etc., of general information concerning the problems of early childhood; this entails the preparation, for distribution to the public, of a body of scientifically accurate, suitable and practical informational material.

Chapter IV

TRAINING OF HEALTH PERSONNEL: SOME PARTICULAR ASPECTS

Almost all the comments made in the other chapters of this report apply to health personnel. Moreover there is a great deal of literature, both international and national, on this subject. However, while there is a wealth of such literature in the developed countries, in the developing regions there are still serious gaps. This chapter does not therefore aim to be comprehensive. It summarizes some of the ideas and areas of activity relevant to the training of health personnel for the care of the child during his first years of life, in the regions of the world where UNICEF operates.

1. Shortage and poor distribution of health personnel

1.1. This shortage, which exists even in the rich countries and is very serious in the developing countries, emerges clearly from the reports of national services and from the statistics published by WHO. For young children living in rural districts and the rapidly developing areas of large towns, this shortage in absolute terms is aggravated by the poor geographical distribution of personnel, who are concentrated in the well-equipped big urban centres. A recent WHO/PAHO general survey of Latin America and the Caribbean 1/ shows that for this region there are, in eight countries, 1.5 nurses per 1,000 inhabitants (compared with 70 in Canada). Some 70 to 90 per cent of the nurses in this region work in hospitals and the proportion of the remaining 10 to 30 per cent who actually work with children in community services is unknown. The distribution of doctors is equally illogical.

1.2. An efficient and well-planned service is constructed like a pyramid with a wide base, corresponding to the auxiliary operational personnel, and a narrow apex representing the senior administrative and training staff. The reality of the situation is very different. The same WHO/PAHO survey gives the following figures: in 1969, in 24 countries of Latin America and the Caribbean, there were three times as many doctors as nurses (which is the opposite of the aim proposed); the number of students leaving school is in the ratio of 0.4 nurse to 1 doctor. In 13 countries, the number of auxiliaries per qualified nurse is 3.8, which is not enough. However, in this last respect the situation is better in some countries such as Colombia, Panama and Uruguay. Of the region's nursing personnel as a whole, 80 per cent are auxiliaries, 50 per cent of whom have received no training.

1/ WHO/PAHO. "La situación crítica de la enfermería en América Latina y Caribe." Bal. Ofic. San. Pan. 1973, 75, 146-166.

Thus, in the region of Latin America and the Caribbean there are two priorities as regards the care of young children:

(a) The training of more qualified nurses and midwives;

(b) The improved training of auxiliaries recruited or being recruited by health services. 1/

These two activities must of course be supplemented by greater reliance on community resources for health services for young children at the local level.

An analysis of the health personnel resources in other regions would reveal a similar picture, no doubt with different ratios.

2. Focusing training on the needs of children in underprivileged rural and urban areas

2.1. The teaching of paediatrics in medical faculties and training schools for nurses and midwives still concentrates almost entirely on in-hospital experience. However, the trend towards the broadening of teaching to cover requirements outside the hospital, a trend which is particularly marked in the newly established universities and training centres in the developing countries, is very gratifying. WHO has made considerable efforts in this sphere in terms of the meetings and studies organized by Headquarters and by the regional offices, and the support given by UNICEF to the efforts of certain training centres should be evaluated and continued.

Collaboration between paediatric, obstetric and preventive medicine departments and health services presents a problem; and so does the choice of urban and rural pilot areas. 2/

1/ Bryant M. and Bennett F. J., Community Nursing in Developing Countries. Oxford University Press, London 1973.

Fendall, N.R.E. Auxiliaries in health care. Programs in developing countries. Johns Hopkins Press, Baltimore, 1972.

2/ Several examples of the training of doctors and health personnel outside the hospital can be quoted:

- the experience of the Dakar Institute of Social Paediatrics at Khombole and Pikine where medical students, and student midwives, nurses and social workers do practical training. See Satge, P., Dan, V. Debroise, A., Raybaud, M. and Koite, A., an experiment in public health applied to children in a rural environment (Khombole, Senegal). Techniques et ressources. Assignment children, 1970, No. 12, 31-44;

- the experiences of rural training areas in India (All-India Institute of Medical Sciences, New Delhi, Bombay, and Pondichérry);

- training in the marginal areas organized by hospitals in Chile;

- the teaching of rural community medicine at the University of Haceteppe (Ankara).

Among the solutions which have been recommended is the organization of a period of several months' compulsory work in a rural area on completion of medical studies, arranged in liaison with university departments, which exercise some measure of supervision (in Panama, for example).

2.2. The participation of medical students and student nurses or midwives in practical research on the problems of children in urban or rural environments may also be a good training method. The efficiency of this method was emphasized at the joint WHO/IAP meeting in Mexico in 1968.

3. Focusing of training on practical, preventive, social and educational aspects, integrated into the curative treatment process

As regards the health of young children, some countries have been tempted to reproduce the systems in operation in the countries of Western Europe and North America, where prevention and the social aspects are institutionally separated from the care and rehabilitation services; at the training stage, this leads to the separate teaching of clinical paediatrics, on the one hand, and preventive and social paediatrics (or child care) on the other. There is no need to dwell here on the inefficiency and difficulties of these separate structures in underprivileged regions. The present policy is one of integration which, however, entails two major risks: the diffusion (or even disappearance) of preventive and educational activities, given the urgency of curative work; and the diffusion (or even disappearance) of activities for the care of young children, given the pressing needs of adults. 1/

In order to reconcile the necessity to integrate services with the priority tasks of prevention and education, and to leave adequate room for the needs of children, the training of personnel must continuously follow these basic guidelines from the start.

4. Inclusion of new subjects in personnel training

We have shown above what the basic subjects should be in training health personnel for the care of small children. They can be summarized as follows:

Perinatal problems

Genetics

Communicable diseases

Nutrition

Diagnosis, treatment and prevention of the most common and the most serious diseases in the country concerned

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1/ PAHO/WHO: A health care programme for mothers and children. Report prepared by A. Yankauer. Scientific publication No. 130, Washington, 1966.

Physical and psychological development of children

Detection, treatment and rehabilitation of incapacitating disorders and diseases

Health education

These traditional subjects have recently been supplemented by newer subjects designed to provide all-round training:

Principles of epidemiology and statistics;

A knowledge of the organization of health and social services for children, and of their personnel;

Education in family planning, to the extent that countries have decided to adopt such a policy and to organize it, as recommended by WHO, in very close liaison with maternal and child welfare and family health activities;

Principles of the educational needs of young children with a view to training and advising mothers, and supervising receiving and educational establishments (day-nurseries, kindergartens and foster homes);

Principles of teaching adults to play a part in the education of health team and community workers.

This list must of course be adapted to the aims of each type of training and to the particular problems of each region.

5. To conclude this chapter, the brevity of which is due to the fact that much of the information about health can be found in the [illegible] of the report, it can be very emphatically stated that <u>health problems, [illegible]is age group, are an absolute priority</u>. For young children, the risk o[illegible]h, disease and permanent disability is so great that these problems must continue to receive high priority in the training of all personnel.

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Chapter V

TRAINING OF PERSONNEL FOR THE EDUCATION AND CARE OF SMALL CHILDREN

The education and care of small children have for some time been considered as strictly family responsibilities in which society should not interfere. The family continues to bear the main burden of those responsibilities and a number of experiments, including the Head-Start Programme in the United States, show that the success of educational and social schemes largely depends on their effect on the family environment of the child. However, it is now acknowledged that educational activities in the family environment can and must be complemented.

1.1. With regard to very young children under three years of age, all of whose needs are, in theory, provided for by the mother in the family circle, it is social development, and more particularly the phenomenon of working parents, which compels the community to intervene and to seek alternatives. 1/ In certain cases these alternatives may also be necessary to compensate for inadequate or dangerous family situations where the child does not receive the necessary physical care and psychological incentives. Such alternatives are required with particular urgency in societies where women work outside their homes for much of the day and can no longer rely on spontaneous assistance from the traditional large family. An international seminar held at the International Children's Centre in 1973 showed that even in the richest and best equipped countries the care of children under three years of age whose parents go to work still posed problems: inadequacy of facilities to meet requirements, need to provide for a variety of flexible alternatives adapted to each case, greater emphasis on education in institutions such as day-nurseries, better supervision and better information for foster placement, opportunities for mothers who wish to do so to keep their young children at home with financial support, training of multipurpose staff to deal with child health problems, educational requirements and the social aspects of family life.

1/ Modes de garde des enfants de 0 à 3 ans. Cahier de recommendations. Ed. E.S.F., Paris, 1972.

A review of the present status and future needs in day care research. Prepared for the Interagency Panel on Early Childhood Research and Development, under the direction of E. Grotberg. Social Research Groups, George Washington University, Washington, D.C., 1971.

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International Children's Centre. Seminar on the care of the children of working parents. Paris, 13-16 December 1973.

1.2. In the developing countries and regions, solutions for this age group are even more difficult to find. Foster placement outside the family environment, particularly of groups of children, involves serious risks of infection, nutritional disorders and lack of affection; it is thus necessary to insist on conditions of biological and psychological security, the cost of which is high. Day-nurseries with a large intake of children should be discouraged and encouragement should be given to smaller, more human facilities, with a more family-type structure or to actual foster placement; such facilities and placement should be strictly supervised from the health and educational standpoints.

1.3. The staff responsible for supervising and organizing day-nurseries and foster placement for very small children nearly always have basic social or health training: they are social workers or nurses who have received child welfare training from the outset in some cases (Kinderpflegerinnen, child welfare nurses, infirmières pédiatriques) or who have specialized after general studies (puéricultrices in France). It is possible that their training makes them well prepared for this work in the health, social, educational and administrative fields. Where this is not the case, or where the staff concerned have already been trained some time ago, it is certainly very useful to organize supplementary psycho-educational training in particular.

1.4. The auxiliaries in these services, women who provide direct care for infants and very young children, domestic staff and the parents of nursing families are trained only in exceptional cases. In the countries of Europe there are short training courses of several months for nursery-nurses, based on incomplete secondary school education. This trained auxiliary staff is not enough to meet requirements. At the above-mentioned seminar, several participants drew attention to the fact that the human qualities of such staff were perhaps more important than their formal know-how: it was also pointed out that it was necessary to make better use of community resources (see chapter on the training of members of the community with regard to young people, parents and old people).

1.5. In the difficult field of care for very young children, there is no single miraculous solution. Helpers may range from the warm and active mother of a family to the qualified child nurse, from the day-nursery cook to the retired old couples who agree to take in infants. For such a system to work, information on the education of young children must be widely disseminated in the community and the qualified staff must agree to co-operate with these voluntary helpers, while ensuring the application of educational, health and nutritional standards and tactfully excluding helpers whose personalities are dangerous to the child.

2. It is now generally acknowledged that, even given perfect family and social conditions, children of pre-school age, i.e. children over three of four years of age, frequently have the advantage of attending a group facility which enhances their potential in respect of education and socialization. This fact is very striking in the industrialized countries of Europe, where the majority of children aged four to five already attend pre-school facilities. Pre-school education is now recognized as a right in certain countries (Sweden, for example). The World

Organization for Early Childhood Education (OMEP) 1/ has made a great contribution, through its national studies and international meetings, to progress in defining the objectives and methods of such education; UNESCO recently included pre-school education in its programme.

2.1. In the developing regions, the expansion of pre-school education, which has long been available to the privileged population groups, poses a difficult problem. Logically such education should, as a priority measure, be provided for the underprivileged rural or recently urbanized groups, precisely those groups to which Governments ought to give priority in elementary education, by using all the educational staff available.

2.2. As far as the pre-school group aged 3-4 to 5-6 is concerned, most countries provide a satisfactory level of training, with a primarily educational orientation supplemented by training in health and social aspects. 2/

3. In reality the division between the two age groups is not very clear. In the United Kingdom the organization of "combined" units is recommended, in which children of different age groups live together and which are staffed by both nurses and educators. In France day-nurseries which receive children under 3 years of age are often combined with kindergartens and recruit kindergarten teachers who are pre-school educators for the "older" children.

One of the most interesting examples of multipurpose training of staff for this age group seems to be that of the educadoras de párvulos in Chile. The school for educadoras de párvulos in the University of Chile provides a university training of three years, preparing the students to care for a child from birth until school entrance. Graduates may work in day-nurseries, kindergartens, paediatric, readjustment and neuro-psychiatric services, nutritional rehabilitation centres, and mental health institutions. They are also trained for their role as educators of parents, community leaders and supervisors of auxiliary personnel; in other words, they are in theory trained to direct pre-school institutions and to supervise teams of auxiliaries. The content of this training, which is at once practical and theoretical, seems to be fairly comprehensive and covers the biological, social and cultural aspects of child development, the problems of health and nutrition and, of course, the methods of pre-school education.

The number of educators trained in this way is limited and a national kindergarten programme will also require the training of auxiliaries through short, practical courses.

1/ Preparation and status of pre-school teachers. A survey by the United States National Committee for Early Childhood Education. U.S. National Committee of OMEP, New York OMEP, Paris, 1965.

2/ Wall, W. D., Constructive Education. Education and mental health in the first decade. Harrap, UNESCO, IBE. London, Geneva, 1974. In the press.

4. The following main conclusions can be drawn from an analysis of the methods and content of the training which should be given to qualified staff for pre-school education in the developing countries: 1/

4.1. The training must be very multipurpose:

4.1.1 As for health and nutrition, in addition to the concepts generally included in such programmes, emphasis should be placed on:

detection of development anomalies;

emergency care;

knowledge of other medical and social services which may be of concern to the child and his family;

national and local health and nutrition programmes capable of being applied to pre-school children;

health and nutritional education for young children and their families.

4.1.2 With regard to psychological development, in addition to normal education, emphasis should be placed on the following points:

the future pre-school educator must in the first place have an excellent knowledge of the living conditions of the children with whom he works.

It is necessary, however, in each case and in each country to define clearly the values which the society wishes to develop; from a very young age, from the pre-school period and even earlier, education can mould the attitudes of future adults to modern life; 2/ encouragement can be given to creativity, the will to exert oneself and succeed, and the desire to influence one's environment.

The difficulty is to train the future pre-school educator to prevent any clashes between the life-style of the kindergarten and that of the family circle. One possible suggestion is to instil positive attitudes in the educator vis-à-vis the family, to show him how to make families participate in kindergarten activities and how to get on with them.

Language 3/ is perhaps one of the most important aspects of pre-school education for developing countries and underprivileged groups. Its richness and

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1/ Wall, W. D., op. cit. OMEP publications.

2/ Mandl, P. E. La préparation de l'enfant à la modernisation, Ed. University of Brussels, 1972.

3/ Wall, W. D., op cit.

its use in interpreting specific events must be brought home to all children, but particularly those whose opportunity to speak at home is limited.

Language must be specific to the environment. In certain countries that raises the problem of the difference between the mother tongue of the child and the language used in the school environment. The teaching staff must be forewarned and trained to respond to conflicts of language, not in the sense of disparaging one or the other language, but of preparing the child for this situation and avoiding any risk of discord and conflict.

The pre-school educator should be trained to make up for the psycho-social and sociological deficiencies of certain families and certain environments. This compensatory effect will be all the more marked and all the more lasting if practical education is oriented simultaneously to the child and its family. This clearly emerges from recent North American experiences.

Lastly, great stress should be laid on the attitudes and motivations which should be developed and stimulated in pre-school educators. According to some authors, the educator/child relationship and the group atmosphere have more impact than the curriculum on the educational result. This indicates that the teaching methods used in training centres have a long-term effect on the teaching skill and efficiency of their pupils. The advantages and drawbacks of particular methods will not be discussed in this paper. It is generally agreed, however, that education should not be too permissive or too rigid, but should be stimulating and edifying.

4.2. The training of pre-school educational personnel is mainly practical. It is through his experience, his direct contact with children, that the future educator learns the rudiments of his profession. It is also in that context that he can be selected and observed. Practical training is carried out:

in the pre-school institutions themselves (urban and possibly rural);

in other institutions concerned with young children;

in family circles, neighbourhoods and villages.

Two aspects of this practical training seem particularly important for developing countries and underprivileged groups:

The creation around the child of a style of life, activity and play, which is at once stable and evolving, but at the same time familiar and consistent with the life-style he will find in his everyday life.

The preparation and use of material that is also varied, stable and evolving, abundant, and at the same time familiar and consistent with the materials the child will find in his everyday life.

UNICEF has taken an interest in preparing and disseminating pre-school educational play material. Training schools should be veritable workshops where pupils develop their creativity, their ingenuity and their experience of simple, cheap and well-adapted teaching aids.

4.3. In many countries the training of pre-school educators is carried out after a period of first-hand working experience. In France, for example, only some kindergarten teachers go directly from the lycée to the training college. Others are placed without prior training in kindergarten classes where they work in co-operation with teaching counsellors and take part in various forms of on-the-job training. It should be possible to make a comparative assessment of these two methods.

4.4. What was said above about the training of pre-school personnel is difficult to carry out in practice, since it presupposes a basic secondary education and two or three years of learning at the university level. It is unrealistic to imagine that there will be an educator trained in this way for every group of 15 to 25 children. Other solutions must therefore be sought.

4.4.1 The first such solution is the training of auxiliaries (see chapter II). Two examples will be cited:

auxiliaries trained in a few months in Chile to work under the supervision of educadores de párvulos, to whom reference was made above.

the balsevika in India. This country has put into operation a vast training programme for girls and young women selected primarily on the basis of qualitative criteria (their interest in children in particular). They come from both the rural environment and the underprivileged urban environment and return there to work. Under the auspices of the Indian Council of Child Welfare, these "servants of the community" undergo several months' training, both theoretical and practical, in health, nutrition, first aid, psychology, education, administration and child welfare. Because of their multipurpose nature, the balwadis (or kindergartens) where these auxiliaries work can be used to implement integrated UNICEF programmes. At the present time the Indian Council of Child Welfare is concerned with observing and improving the work of the balsevikas.

4.4.2 The African experience of day-nurseries organized spontaneously by mothers in Africa (see chapter III) may be recalled at this point. This again recalls the need to seek new, flexible and original approaches, using young people, parents and old people, both part-time and full-time. Such approaches, if they are to be valid and not dangerous, must always be supervised by a qualified person.

5. The tremendous needs in terms of the education and care of young children in the developing regions will not be met for a long time. For many years to come, the world will lack personnel who are skilled and competent in this field. It is therefore necessary to continue to rely on the family and parents and to strive to inform them and train them in their role.

Chapter VI

TRAINING OF PLANNERS AND ADMINISTRATORS

The choice of social policy priorities, the formulation and implementation of plans and the evaluation of programmes are high-level responsibilities which are not, generally speaking, discharged by specialists in matters relating to children. Most frequently, it is people with economic or administrative training who take the decisions or prepare the documents on the basis of which decisions are taken. Specialists in education, social work and health are members of various advisory committees, councils or commissions and their co-operation with the administrators constitutes a sort of continuing practical training.

However, more must be done if the problems relating to childhood and more especially early childhood are to be given their proper place in plans and programmes; efforts must be made to improve the preparation of planners and administrators in this sphere. This is a very difficult task for which traditional teaching methods cannot be used.

1. The examples given below derive from experiments undertaken by UNICEF and ICC, which are still under way and whose evaluation has not yet been completed.

1.1. Training given at the Institut d'Etudes du Développement Economique et Social of the University of Paris 1/

With the assistance of UNICEF, a special course entitled "Childhood, Youth and Development Plans" is offered to those studying for a Doctorate in Economic and Social Sciences (third cycle). It is intended for future human resources planners and enables them to emphasize in their future work the need to further the advancement of the group composed of children and young people. A course at the International Children's Centre enables them (together with the students taking a course entitled "Health and nutrition") to consider the specific needs of children, the characteristics of their development and possible solutions. The importance of the first years of life is stressed. This course has been given every year since 1965. The students are required to prepare papers and some of them choose subjects relating to early childhood.

1.2. Seminar for UNICEF personnel

Since 1971, UNICEF has convened annually a group of about 20 active members of its staff. 1/ The seminar lasts for several weeks and concerns problems relating to childhood and planning and administrative problems. It is interesting to note that in 1972 and 1973 the part of the programme devoted to study of the child, organized in co-operation with ICC, was devoted to early childhood, to the first years of life: the discussions concerned the development of the child,

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1/ Under the direction of G. Sicault.

mortality and morbidity, family planning problems, nutrition, environmental sanitation and water supply, problems relating to social adaptation and education, and the various types of service capable of meeting the needs of this age group.

The discussions were consistently practical, and were greatly enriched by the personal experience of the UNICEF staff. Evaluations carried out at the end of the sessions confirmed that the participants had found this part of the seminars very interesting.

2. These two examples, situated at very different levels - on the one hand students, and on the other administrators with international responsibilities, in some cases at a very senior level - could be supplemented by others, such as the inclusion of instruction concerning the first years of life in the training course for future technical co-operation experts (France); it is nevertheless true that this aspect of personnel training is as yet little developed and that UNICEF is playing a pioneering role in that respect.

Chapter VII

CONTINUING TRAINING - IN-SERVICE TRAINING

1. The need to update the theoretical knowledge, techniques and attitudes of personnel already in service is felt in all occupations. 1/ In the case of activities relating to early childhood, this need is imperative for a number of reasons, the most important of which are the following:

(a) The immediate and long-term effects of changes in the physical and human environment on the health and development of the young child.

(b) The evolution of the characteristics of the demography, mortality and morbidity of this age group.

(c) Favourable or unfavourable changes in the food supply and eating habits.

(d) Discoveries relating to the prevention, detection and early treatment of physical and psychological abnormalities.

(e) Changes in the life-style of families and societies in transition, especially in peri-urban areas.

(f) The modernization of administrative methods.

(g) New orientations in national social policy which affect family life.

2. There are numerous forms of in-service training at the post-graduate level, and of supplementary training, specialization and refresher training. This training may take the form of full-time courses, periodical training sessions organized parallel with the work of those concerned (on-the-job training), study days, workshops, seminars and symposia. They may be organized at the local, regional or national level; they may be based on individual work, conducted through correspondence, or placed under the supervision of supervisory personnel or the head of the work-team. For the purposes of this report, we will mention only a few points:

2.1. In so far as Governments and administrations have legislation or provisions providing systematically for continuing or in-service training, UNICEF should help them to orient such programmes towards the needs of the "young child" group.

2.2. If such provisions do not exist, it is important to promote the establishment of fairly systematic pilot projects for continuing and in-service training which are fitted into work schedules and careers.

The organization of services, the time-tables and the allocation of

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1/ B. Schwartz, L'éducation demain, Aubier Montaigne, Paris, 1973.

responsibilities in UNICEF-assisted programmes should be such that continuing or in-service training is a regular activity at all levels (whether it consists of the individual training activities of each member within the work-team or of proper sessions which are specially organized).

2.3. The topics for consideration, study and discussion should be chosen in the light of real field needs, national social policy options and technical developments. However, some topics relating to early childhood may be suggested:

Information concerning the situation of this age group with regard to demography, mortality, morbidity and living conditions;

Environmental sanitation and its effect on the health of the young child;

Nutritional problems (breast-feeding, production and use of foods, weaning foods, malnutrition and nutritional deficiencies, eating habits, nutrition education);

Prevention and treatment of communicable diseases of the young child (vaccinations, diarrhoea, respiratory diseases, endemic diseases, parasitoses);

Elements of family planning applicable within the framework of maternal and child welfare;

Elements of genetics having practical applications (haemoglobinoses, inability to tolerate certain medicines);

Emergency care, first aid, use of the basic pharmacy;

Elements of motor and sensory readaptation applicable in the field;

Observation of growth, plotting of growth curves;

Maintenance of health records, cards and files;

Collection and processing of statistics;

Education in family health (and the health of pre-school children);

Intellectual, emotional and social development of the young child;

Language;

Adult-child relationships, the effects of family and social structures on development;

Children's activities and games;

Problems relating to teaching methods for different ages;

Working mothers;

Children without a family, abandonment, adoption;

Legislation relating to the family and children;

Methods of work at the level of the family and the community;

Problems relating to the administration of services, and the supervision and training of personnel;

Orientation of national health, social and education policy concerning young children and the family.

2.4. In-service training methods include one which has been used several times a year for 15 years by the International Children's Centre, in co-operation with the Governments of the countries of Africa, the Middle East and South East Asia, UNICEF and the United Nations specialized agencies. This method is that of national sessions 1/ of short duration (two weeks), held on a full-time basis in the country concerned (capital or provincial town) and attended by basic personnel (health personnel, social personnel or teachers). The instruction is organized by the national authorities and a team of three or four ICC specialists. The methods of work are as active as possible: technique of field surveys, practical work in the services, group discussions on specific documents or topics, brief statements followed by discussions, preparation of a practical action programme.

Basic documentation is distributed to the participants, including a summary of general information relating to health, education and the development plan of their countries.

Evaluation is carried out at the end of the course in the form of group work and questionnaires. The effectiveness of these programmes can be guaged from the fact that in almost every case Governments request that they be repeated, although this involves a human, material and financial effort on their part. Moreover, in some cases the national sessions have led the Government to organize similar provincial sessions based on the same principles and methods (one example is a session for rural midwives in the Mostaganem region organized by the Algerian Government following a national session on family welfare in rural areas, held at Tipaza from 2 to 12 April 1973 by ICC and the Government).

3. Mention must be made of the training of personnel abroad. It is now generally acknowledged that undergraduate training should preferably be carried out in the country itself or in a neighbouring country with similar problems.

The question of study abroad should therefore not arise until a later stage, at the post-graduate or specialization level.

1/ E. Berthet, "Le recyclage du personnel de santé dans les pays en developpement", Assignment Children, 1973, No. 23, pp. 76-86.

3.1. Long-term individual study abroad should not be encouraged unless it is carefully prepared (in particular by the acquisition of a thorough knowledge of the working language) and unless there is at least a partial assurance that the instruction received will be put to proper use after the student returns to his country. It is also necessary to choose carefully, from among the universities concerned with the problems of developing countries, the place in which the studies will be undertaken. These difficulties are often insurmountable, and are well known to those who organize international or bilateral training courses and fellowships. These problems are even more serious in the case of studies relating to early childhood, for the student may return to his country with theoretical and practical knowledge which is inapplicable because of a different paediatric pathology, an excessively curative approach, an experience based on services which are too rich and too specialized, experience with completely different social problems or the use of inappropriate teaching methods and materials for pre-school children.

3.2. For that reason preference may be given to training and studies abroad which take place not immediately after graduation from the university but later, following several years of first-hand experience and practical acquaintance with the problems relating to childhood in the country itself. Such training and studies for persons who are already qualified may be undertaken on an individual basis or through participation in instruction organized especially for such persons.

3.2.1 UNICEF, in co-operation with WHO, has taken the initiative in organizing one-year courses for paediatrics instructors from developing countries, comprising a period of study at the Institute of Child Health in London and a period of practical work in developing countries. The group is limited to about 10 very carefully selected participants. These courses have been considered effective, since the programme is currently being continued.

3.2.2 Since 1950 the International Children's Centre has adopted a somewhat different approach: several times a year, it organizes international courses 1/ (or regional courses for representatives of neighbouring countries) which are of shorter duration (three to nine weeks), intensive, and conducted on a full-time basis, and which group 25 to 30 persons from different countries, about 60 per cent of whom come from countries assisted by UNICEF. The effectiveness of a course depends on the following conditions:

(a) Selection of participants who are already responsible for personnel training or the direction of a department in their own countries;

(b) The group should be neither too large (less than 30), nor too small (more than 15), so as to ensure a valuable exchange of experience and the possibility of work in subgroups;

1/ N. P. Masse, "Un enseignement international pour les responsables de l'enfance dans le monde", Assignment Children, 1970, No. 12, pp. 17-30.

(c) A single working language, which must be known to all, in order to ensure that communication will be possible;

(d) The greatest possible degree of homogeneity, either in the prior training or in the interests of the participants: if the topic is a very broad one, the course will group representatives of only one or two professions (doctors for the course on social paediatrics, health and social personnel for the course on maternal and child welfare, judicial officials and primary school teachers for courses on study of the child and the adolescent). If the topic is, on the other hand, more limited, it can be studied by an interdisciplinary group or by teams (course on family health and family planning, course on the child's first year at school, course on the organization of services for children from 0 to 6 years of age, course on adoption or children without families).

These international ICC courses have the following objectives:

To deepen knowledge already acquired;

To extend knowledge to cover fields which are often neglected, such as prevention, social aspects, family and community educational activities, and organizational, planning and economic problems;

To stimulate thinking on teaching methods;

To change or reinforce attitudes concerning interdisciplinary co-operation and team work;

To make each participant reflect on his own experience and work;

To encourage exchanges of experience among workers from different countries;

To provide a basis for documentation.

For some years, the ICC courses have very clearly been evolving towards the training of trainers in the field of matters relating to childhood. This is a type of instruction which it is possible and useful to envisage at the national level; the programme for the courses will then include a number of teaching exercises concerning topics of interest to the participants, which makes it possible to orient the instruction and to perfect teaching methods which they can use later.

The evaluation of this instruction, carried out on several occasions by different methods by ICC, has shown that its effects are both immediate and long-term: for example, at the end of the 1973 courses on social paediatrics, the level of knowledge had increased and some attitudes had changed. As a whole, 60 per cent of the former participants reply to the questionnaires sent to them and almost 70 per cent of the respondents occupy administrative and teaching posts where they can use the training received. A more thorough evaluation, carried out by a distinguished persom from outside ICC, is in the course of being published.

4. Among methods of individual in-service and continuing training, an important place must be accorded to the perusal of books and periodicals, the use of card files and audio-visual documents, and the transmission of information by the mass media, in other words, to the dissemination of technical documentation to personnel already in service.

4.1. The essential point is thus to make available to the workers documentation adapted to their level, language and problems. After a study of documentary needs and resources, it might be possible to include in UNICEF-assisted programmes subscriptions to appropriate periodicals such as Tropical Doctor or L'Enfant en Milieu Tropical, to disseminate loose-leaf pages or cards giving technical information which, when filed in loose-leaf books or card-files, would constitute practical manuals, and to facilitate the dissemination of simple audio-visual materials.

Another possibility is the recording of inexpensive cassettes that could be used on tape-recorders, since video-cassettes and video-tape recorders are for the time being still too expensive and uncommon. Some films and tapes of great educational value could be provided to national radio and television stations.

All this entails adaptation and translation at the national and local levels, which could be carried out in co-operation with training schools.

The documentation provided for the purpose of continuing training should also contain information on the development of the situation of children in the country itself and give the results of local and national studies, research and achievements.

5. The last method of continuing or in-service training, and probably one of the most effective, is the participation of personnel already in service in studies and applied research relating to the work which they are called upon to carry out on a regular basis: for example, a study on the development of a national or international health card, participation in dietary or demographic surveys, or a critical study of the play equipment available to young children.

Continuing and in-service training are not feasible unless each country possesses training centres, instructors and teaching materials.

Chapter VIII

TRAINING CENTRES - TEACHING PERSONNEL - TEACHING MATERIALS

These problems have already been discussed at several points in the preceding chapters of this report. At this juncture it might, however, be useful to comment briefly on the functions of training centres.

1 - 1.1. Extending the reach of training centres

Whatever their level, personnel dealing with young children must have the experience of observing the child in his normal environment. Universities, training institutes, schools for auxiliary workers and centres for continuing training need to have field practice areas (as well as study and research facilities) at some distance from the hospital, psychology laboratory, large urban social centre or teacher training school. The teaching team must be involved with outlying health posts and health centres in the villages and in the outskirts of towns 1/ and with kindergartens, community centres, parents' clubs and even the homes of the children. The administrative difficulties associated with this kind of arrangement are great, but UNICEF has long been aware that it is useful and feasible to facilitate such contacts with outlying services, to simplify transport problems and to make arrangements for the reception and accommodation of students and teachers.

1.2. Broadening the scope of training centres to include related disciplines

We have seen the great importance of more or less multidisciplinary training for personnel at all levels. The teaching staff of a training centre or university department cannot be large enough to have representatives of all disciplines. Training schools for pre-school teachers must therefore collaborate with schools of medicine, with public health and nutrition services and with the social science departments; similarly, nurses' training schools must draw on psychologists, sociologists and early childhood education specialists if they are to train nurses effectively to service families and young children. Such collaboration among related disciplines will enable the students to become acquainted with colleagues with whom they will have to work later in the field: a physician will need to be aware of the functions of rural midwives or pre-school teachers, and the latter must be aware of the role of the social worker, the village community leader, etc.

1.3. Collaboration between the various departments within the same university

By way of example, it may be noted that the education of paediatricians specializing in young children cannot be exclusively the responsibility of the

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1/ Cf. the experiments of the Dakar Institute of Social Paediatrics at Khombole and Pikine.

department of paediatrics. Depending on the place and the structure of the programme, other departments may contribute to the training of specialists in this discipline, such as the departments of anatomy, physiology, psychology, sociology, preventive and social medicine, obstetrics, and special education.

1.4. Collaboration of training centres with governmental bodies, departments and planning agencies

Despite the independence which those responsible for higher and technical education rightly wish to preserve, it is useful to open channels of communication between them and those responsible for social policies, with a view to adapting and co-ordinating educational objectives and possibly modifying policies in the light of the needs perceived at the working level. Information should circulate freely among students, former students, teachers and high-level administrators.

1.5. Collaboration between training centres providing education for staff at various levels

Arrangements should be made for contacts, exchanges of experience and co-ordination of the content of instructional programmes between universities and centres for the training of qualified and auxiliary personnel. This entails teaching teams leaving the confines of their institutes and participating in meetings and joint discussions. Certain countries have even made provision for experiments in joint training programmes for categories of staff who must subsequently work together. The results of such programmes at Brasilia and Yaoundé will be awaited with interest.

2. Teaching personnel

In actual fact, the teaching personnel at various training institutions are selected for their theoretical and practical knowledge and not according to their teaching ability. In addition, they have frequently received training abroad before returning to teach in their own country. That is why emphasis should be placed on programmes for the training of trainers, from the point of view of both subject matter and methods of instruction.

2.1. With regard to subject matter, emphasis should be placed on the factors discussed above in relation to adapting the objectives to the problems of children in the country concerned, the material possibilities, the functions of the personnel being trained and the country's development plans.

2.2. Efforts must be focused on teacher training, which should gradually be improved. Such an approach will have two results: it will be easier for students to learn their profession or occupation, but it will also enable them to make use of more effective teaching methods in their field work. This applies to teachers of young children who tend to follow the method of teaching by which they were taught and also to health and social personnel, whose educational attitude towards their colleagues will be governed by the type of training they have received.

The methods of instruction appropriate for adults are beginning to be better understood but are perhaps not yet sufficiently widely used. It would be worth while to encourage - as do WHO and UNESCO - the establishment of departments of education within the various schools and universities and to promote the organization of in-service training courses for instructional personnel in schools and training centres for teachers of young children.

2.3. Nevertheless, concern over "how to teach" must never take priority over "what to teach", which can only be worked out at the local level and must be subject to constant revision.

3. Teaching materials

There is no doubt that it is in this field that international technical assistance can be highly effective.

3.1. We have noted above that it would be useful to prepare a basic manual containing the rudiments of knowledge about children for all professions having direct or indirect responsibilities in regard to this age group (see page 18). The manual could be prepared at the international level and subsequently adapted and translated into various languages.

3.2. There is also a great need for the preparation and dissemination of manuals for auxiliary personnel. Unlike the above-mentioned project, this work could not be carried out at the international level. It would, of course, be helpful to compile a list of manuals for auxiliary workers that are available in the various countries and regions, 1/ obviously such materials should be prepared on the spot, in the country concerned (or sometimes in a particular province), in the local language, and taking into account the specific training objectives to be achieved. There are some fine examples of such manuals. It would be very helpful if the specialized agencies of the United Nations continued to take an interest in preparing and distributing such manuals to centres for the training of auxiliary personnel. Book form is perhaps not the best or most practical form for the manual. A series of cards, a loose-leaf notebook, a card index or tapes for tape-recorders might be more workable and easier to keep up to date. This could lead to the establishment of a kind of continuing editorial service for teaching materials which would be used by students and teachers in schools for auxiliary personnel, and to which the teachers and students could and should contribute.

3.3 The problem is somewhat simpler in the case of centres for training qualified personnel and universities, since, in the beginning, it is feasible to use carefully selected teaching materials prepared in other countries, pending the publication of local materials.

1/ K. Elliott, D. Morley, D. Ainger, Medical auxiliary training: a provisional bibliography, London, Ciba Foundation/Intermediate Technology Development Group, 1973.

There are relatively few manuals, treatises and scholarly journals dealing with the problems of children in the developing countries. It would be most helpful if universities and training centres were kept regularly informed of the appearance of such publications and could have the means to acquire them for their own use. Even where such publications exist, the problem arises of their price, which is frequently high. Efforts must therefore be made to resolve the following problems:

1. The establishment of contact between the training centres and the documentation services specializing in problems relating to children in the developing countries. 1/

2. The organization of systems of financial assistance to supply libraries with journals and basic books, lists of which could be drawn up periodically and kept up to date.

3. The equipping of libraries with facilities to enable a large number of students to consult a limited number of works (in particular, duplicating equipment).

3.4. Audio-visual materials

UNICEF/WHO have equipped several training centres with teaching aids; slide projectors, overhead projectors, tape-recorders, motion picture projectors, flannelgraphs.

Without belabouring the point that the teaching personnel must be able to use such equipment (which must also be maintained), teaching aids will be of little use unless the subject matter taught is suitable. Sets of slides are available in various countries dealing with certain problems relating to young children, for example those prepared in Paris by AUDECAM 2/ and in London by TALC, but it is preferable for universities and training centres to prepare such materials locally, with their students.

At first, international or bilateral technical assistance can provide ready-made sets of slides with commentary, tape recordings, cassette recordings, films or flannelgraphs; however, it would appear desirable to encourage local laboratories to prepare audio-visual materials relating to young children.

One proposal might be to set up a referral laboratory at the international level as a focal point for documentation, classification, and the provision of suggestions and sample materials; the adaptation and elaboration of the material would be done at the national or local level.

1/ The documentation centre of the International Children's Centre can fulfil this function.

2/ Association Universitaire pour le Développement de l'Enseignement et de la Culture en Afrique et à Madagascar, Paris.

Teaching Aids at Low Cost (TALC), Institute of Child Health, London.

CONCLUSIONS AND RECOMMENDATIONS

Conclusions

From among the problems discussed in this report and the proposals for solutions, we may extract the following points which appear to us to be of importance for UNICEF policy with regard to training and the choice of priorities.

1. Definition of a body of common knowledge concerning small children which should form part of the instruction given to all persons with responsibilities in the social, educational or health field, directly or indirectly affecting children.

The curriculum for such instruction, the exact content of which will vary from place to place, might be as follows:

Demography of the "small children" group;

Biological, intellectual, emotional and social development;

Epidemiology, prevention and organization of the treatment of major diseases (communicable and nutritional diseases, accidents, first aid);

Nutrition and food (breast-feeding, weaning, knowledge of local foods, dietary habits);

The living environment (family and community);

Organization of the various services coming into contact with children.

Such instruction would be given either during training or in service.

It would be desirable to prepare a basic manual assembling items of learning relating to small children that are valid for all professions or occupations and all countries. Editions adapted to local conditions and local languages would be prepared in the various countries.

The instructional content of such a manual could also be used for instructing the public, the students in the schools and future parents.

2. Collaboration of personnel with mothers, families and the community

Personnel, whatever their level and qualifications, responsible for dealing with small children should be trained to:

2.1. Prepare families, especially mothers, for their role in bringing up their young children and being responsible for their health and development;

2.2. Stimulate and animate members of the community to participate in ensuring the welfare of young children through the following:

Collaboration of parents in the activities of health services, social centres and kindergartens;

Placement of children with foster families;

Utilization of unemployed young people, schoolchildren and elderly persons;

Utilization of leaders of social, cultural and political groups;

Encouragement of potential recruits to the health, teaching and social professions and occupations.

2.3. This will require special training of personnel in community action, adult education and supervision.

3. Adaptation of personnel training to local situations

3.1. The categories of personnel to be trained, their level and the content of the training should be adapted to health and nutritional conditions, to family and social structures, and to changes in these as they occur. This means that:

The training schools should be informed about the results of such studies and research as have been conducted on the problems of children in individual countries;

Those responsible for the training must maintain contact with their former students and with persons working in the field in order to receive information from them on the situation of the child population, on the effectivenes of the training received, and on changes in local situations;

Those responsible for the training must collaborate with administrators and planners at a high level in order to adapt the training to the country's priorities and social policy.

3.2. The various kinds of training provided in a given country should be co-ordinated at the national level.

3.3. Before a new type of personnel is created to deal with the problems of early childhood, it is necessary to make a critical analysis of existing structures and the supply of human resources, to determine which are the professions and occupations in contact with mothers and young children and to see whether their training is adequate or could be improved; for example:

(a) In some countries, use will be made of midwives by training them in the supervision of infant health and psychology; elsewhere, this subject will be included in the training programme for nurses;

(b) It will not always be possible for pre-school education to be entrusted to specialized women educators. Use will be made of primary-school teachers (male or female) or social workers, who will receive training in health, nutrition and developmental psychology;

(c) In different places, nurses, social workers or educators may be made responsible for dealing with the problems of children without families.

3.4. If there is found to be a deficiency in numbers or in quality of training for a certain category of personnel, UNICEF should give it priority. This is the case, for example, with the training of nurses at all levels in some regions of Latin America.

4. Multipurpose capabilities and specialization of qualified personnel

4.1. The multiplicity of the needs of young children and the inadequacy of the human resources available for this age group necessitate the training of relatively multipurpose qualified personnel. This requires:

A knowledge of different disciplines;

A precise definition of responsibilities and their limits;

A knowledge of the resources of specialized personnel to whom recourse may be had in case of need.

4.2. UNICEF should therefore encourage the training of the following qualified personnel:

General practitioners well trained in paediatrics, public health and the upbringing of children;

Basic health personnel (nurses, midwives) prepared to perform educational and social work;

Teachers and social workers familiar with health and nutrition problems.

4.3. Specialists in paediatrics, nutrition, educational psychology or social work should be trained only in small numbers, to be called in as needed and to act as advisers and trainers.

5. Training of qualified personnel in "animation" work

There will never be enough qualified personnel, nor will they be sufficiently well distributed geographically, to do everything directly themselves. They should be trained to stimulate, advise and give in-service training to auxiliary personnel, mothers and members of the community engaged in child-welfare work. They should also receive administrative training.

6. Priority for the training of auxiliary personnel

UNICEF should give priority to the training of auxiliaries working in the field in direct contact with families and children; some will have relatively

multipurpose functions, like the community nurse in East Africa or the promotora rural in Colombia, while others will have a precise task, like the matrone in West Africa, the balsevika in India or the pre-school care auxiliary in Chile.

Encouragement should be given to local courses of practical training with a view to work in rural or peri-urban areas, preparing the trainees for a very well-defined role and involving an organized system of in-service training and supervision.

7. Training objectives

UNICEF should assist training centres in:

Devoting more time to the problems of early childhood, with particular emphasis on nutrition, communicable diseases and child development;

Strengthening the teaching of preventive and educational aspects;

Applying modern teaching methods;

Giving priority to practical training, locally, in rural and peri-urban areas, allowing real contacts with children, families and the community: inquiries, home visits, training courses in external services, practice in living with young children and preparation of materials.

8. Recruitment and selection

Despite difficulties in recruitment, those responsible for the training should be selective in accepting applicants to work with young children. The choice will be based mainly on personality traits, which can best be appraised through probationary practical training involving contact with children and mothers.

9. Evaluation

An evaluation of the practical effectiveness of the various types of training assisted by UNICEF should be made at regular intervals.

Recommendations

In order to achieve these few priorities with respect to the training of personnel for services for small children, four kinds of activities should be encouraged by UNICEF.

1. The training of instructors

1.1. The first urgent need is to train persons capable of providing instruction

adapted to auxiliary personnel. The training of such instructors should be done locally at the country level, and even at the provincial level.

1.2. The training of instructors for qualified personnel can be done at the national or the international level. International training should be encouraged because of the exchange of experience which it promotes.

1.3. UNICEF might give priority attention to training schemes for instructors involving:

A good initiation into teaching methods;

Practice-oriented training;

Instruction directed towards the preventive, educational and community animation aspects;

Training relating to nutrition, communicable diseases and instructional, intellectual, emotional and social development.

2. In-service and continuing training

To enable the learning of personnel already in service to be brought up to date and programmes to be reoriented, UNICEF should encourage various forms of in-service and continuing training through:

The organization of services in such a way as to allow individual instructional contacts between workers in the field and a supervisor or specialist;

Various meetings, local and national in-service training sessions and courses;

International courses and seminars for senior instructors only;

Instruction through magazines, publications, radio and television, gramophone records and the like.

3. Teaching materials

One of the most urgent tasks, and perhaps the most cost-effective, is to facilitate information and apprenticeship by making available to the public, to students and to instructors adapted versions of teaching materials, based on valid and updated scientific information, in inexpensive and easily manageable form. Arrangements should be made to produce, translate or adapt manuals for the various types of personnel, especially auxiliary personnel, and to provide schools with teaching documents and the tools needed to use them (flannelgraphs, slides, films, rear-projection equipment, video-cassettes, programmed courses of instruction and duplicating equipment).

The task of preparing these materials could be entrusted to certain training schools or centres, in collaboration with the personnel working in the field.

4. Search for new approaches

The gap between needs and resources should encourage Governments to seek new approaches and to make use of untapped resources, such as young people, the elderly, or adults without previous training. Any such attempts should, however, be carefully prepared, supervised and evaluated.